**Women’s Mental Health Fund 2025**

**Application Form**

**Contact Information**

**a) Lead Contact – for this project**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Tel Number: |  | | |
| Mobile Number: |  | | |
| Email address: |  | | |
| Address line 1 |  | | |
| Address line 2 |  | | |
| Town / City |  | Postcode: |  |

**b) Secondary Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Tel Number: |  | | |
| Mobile Number: |  | | |
| Email address: |  | | |
| Address line 1 |  | | |
| Address line 2 |  | | |
| Town / City |  | Postcode: |  |

**About your organisation**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1)** Organisation name: |  | | | | | | | |
| **2)** Address line 1 |  | | | | | | | |
| **2)** Address line 2 |  | | | | | | | |
| **2)** Town or City |  | | |  | |  | | |
| **3)** What is your organisation’s annual turnover? | | | |  | | | | |
| **4)** How is your organisation constituted? *(see guidance notes for details)* | | | | | | | | | |
|  | | | | | | | | | |
| **5)** Organisation number: | | |  | | | | | | |
| **6)** Website & social media URLs | |  | | | | | | | |
| **Paying the Living Wage** | | | | | **Yes** | | **No** | **N/A** | |
| **7) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s minimum rate of **£12.60/hour**? | | | | |  | |  |  | |
| **8) If you employ staff,** is your organisation accredited with the LW Foundation as a Living Wage Employer? | | | | |  | |  |  | |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **9) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy |  |
| d) Public Liability Insurance *(see guidance notes for details)* |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy *(if applicable to project activities)* |  |

**Project Summary**

|  |  |
| --- | --- |
| **10)** Project Name: |  |

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| --- |
| **11)** Please summarise your project proposal in **140** **characters** (inc. spaces) |
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|  |  |  |  |
| --- | --- | --- | --- |
| **12)**Approx start date? |  | Finish date? |  |

Projects can commence December 2025 and should be completed by 30th November 2026

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| **13)** Please provide a **full address** below that best identifies the location of your proposed project activity. If this isn’t possible, please give details below. |
|  |

|  |  |
| --- | --- |
| **14)** Please estimate how many people will benefit directly from this project? |  |

|  |  |
| --- | --- |
| **15) Which of the fund priorities does your project meet?**  *Please tick all that apply. Projects must meet at least one priority but will not be scored more highly for meeting multiple priorities.* | *Please Tick*  *🗸* |
| Supporting maternal mental health |  |
| Supporting mental health of women affected by domestic violence |  |
| Supporting mental health of women experiencing (peri-)menopause |  |

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| **16) How will you ensure your project engages women who would benefit most from this support?** *(250 words max) Please refer to the guidance notes for guidance answering this question.* |
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| **17)** Please provide the **practical details** of the project, including:  ***What*** *you plan to do;*  ***who*** *will be delivering the project;* ***how*** *it will be promoted, etc.*  *(350 words max)* |
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| **18) What difference will your project make to women’s mental health in Salford?**  *For examples on ways to support mental health, please see the guidance notes (250 words max)* |
|  |

**About the Money**

**Question 19)**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of item | Breakdown of calculations | Total cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project** | | £ |  |
| **Total amount requested from this fund:**  **Maximum £3,500** | | | £ |

|  |  |  |
| --- | --- | --- |
| **If applicable, where is the rest of the money coming from?** | | |
| **Source of funding** | **Amount** | **Funding Secured?** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **Please retain all financial records.**  **Salford CVS reserves the right to audit your project expenditure.** | | |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**  Yes or No |
| * **Scan or photo of a recent bank statement or paying-in slip** * *(if not submitted previously in the last 6 months)* |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)* |  |
| * **Safeguarding Children policy** *(if applicable to project activities)* |  |

**Declaration**

We have read and understood the [**Terms & Conditions**](https://www.salfordcvs.co.uk/sites/default/files/2024-09/SCVS_TandCs_Grants_and_Investments.docx)forgrants and investments & confirm to adhere to these conditions if our request is approved.

|  |  |
| --- | --- |
| Name (signature **not** required): |  |
| Role in organisation: |  |
| Date: |  |

Please submit your application in WORD format to: [**grants@salfordcvs.co.uk**](mailto:grants@salfordcvs.co.uk)