**Application Form**

**Hate Crime Awareness Fund**

Grants to support Salford’s communities
address hate crime during February 2026

Please refer to the guidance notes for

question-by-question support completing this 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: |  |

*One contact must be a senior staff member or member of your Management Committee.*

**About your organisation**

|  |  |
| --- | --- |
| **1)** Organisation name: |  |
| **2)** Address line 1 |  |
| **2)** Address line 2 |  |
| **2)** Town or City |  | Postcode: |  |
| **3)** What is your organisation’s annual turnover?  | £ |
| **4)** How is your organisation constituted? *(see guidance notes for details)* |
|  |
| **5)** Organisation number *(if applicable)****:*** |  |
| **6)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  |  |  |
| **9) If you answered No, to qu. 10,** are you interested in Salford CVS paying your first year’s LWF accreditation fees? |  |  |  |

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

|  |  |
| --- | --- |
| **10) 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 *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy *(if applicable to project activities)* |  |

**About the project**

|  |  |
| --- | --- |
| **11) Project Name:** |  |

|  |
| --- |
| **12)** **When will your activities take place?** Please tick ✓ |
| **A** | During Hate Crime Awareness week 2nd – 6th Feb 2026***Maximum grant of £500*** |  |
| **B** | Throughout the month of February 2026***Maximum grant of £750*** |  |
| **13)** Please provide a **summary of your project idea.** *Please give details of the practicalities involved in delivering your project (what, when, where and with who) (300 words max)* | **5 points** |
|  |

|  |  |
| --- | --- |
| **14)** How will your project increase people’s **understanding** **of hate crime** and their **knowledge of how to report it?***(300 words max)* | **5 points** |
|  |

**Beneficiaries**

All projects must raise awareness of hate crime amongst communities more at risk (see guidance) however, it is everyone’s responsibility to tackle hate crime to keep our communities feeling safe. Therefore, it is expected that projects will also reach out beyond their existing membership to engage the wider community.

|  |  |
| --- | --- |
| **15) In plain language, please explain who will benefit from your hate crime awareness project.** *Please see the guidance notes for more information about hate crime and the people and communities the fund is looking to support.*  | **5 points** |
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| **16) How will you engage a wider audience?***Please think of practical ways you will do this e.g. promotional posters on a community noticeboard, social media, direct emails, etc.* | **5 points** |
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| **17)** Approximately **how many people** in total will you be able to engage through this project? |  |
| **18)** How many of these people will be **outside your existing networks/community?** |  |

**About the money**

|  |  |
| --- | --- |
| **19)** Please outline your project budget | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund:** *Maximum of £500 for activities during 2nd- 6th Feb 2026****OR*** *£750 for activities throughout Feb 2026* | £ |
| **Will you have any match funding?** |
| **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**
 |  |
| * **Safeguarding Children policy** *(if applicable to project activities)*
 |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)*
 |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Admin%20and%20Processes/Terms%20and%20conditions/SCVS_TandCs_Grants_and_Investments.pdf)of grant aid & confirm to adhere to these conditions if our application is successful. I am authorised to submit this funding application by this organisation.

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

Please submit this document in WORD format to: **grants@salfordcvs.co.uk** or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN

**Closing date for applications:** 12:00 noon, Monday 24th November 2025