Achieve Community Asset Fund 2021-23

**Application Form**

Large grants to support organisations dedicated to supporting

people in recovery from drug and alcohol addiction

Please read the Guidance Notes before you complete this form.

About your organisation

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| **Organisation and Contact Details** |
| **1a) Organisation Name:** |  |
| **1b) Contacts Details** | **Lead Contact** | **Secondary Contact** |
| Name: |  |  |
| Tel Number: |  |  |
| Mobile Number: |  |  |
| Email address: |  |  |
| Address(inc. postcode) |  |  |

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| **2) What type of organisation are you?***(tick all that apply)* | ✓ | **Organisation Number** |
| Unincorporated Association / Community Group |  |  |
| Company Limited by Guarantee |  |  |
| Registered Charity |  |  |
| Charitable Incorporated Organisation |  |  |
| Community Interest Company  |  |  |
| Community Benefit Society  |  |  |
| Cooperative Society |  |  |
| Other (please specify) |  |  |

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| **3) What is your organisation’s annual turnover?** *(Max £1m)* | £ |

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| **4) Please provide evidence of your organisation’s track record in supporting people in recovery locally and the links you have with Achieve.** (300 words max). | **10 Points** |
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| **5) For how many years has your organisation** **been supporting people in recovery?** |  |

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| **6) How have you involved / consulted members of the recovery community in the development of this project proposal?** (200 words max). | **10 Points** |
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About your Project

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| **7) Name of project** |  |

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| **8) Borough and locality of project activity** |
| **a) Borough(s)** ✓ | **b) Please give details of where your activity will take place** *(locality, venue etc)* |
| Bolton |  |  |
| Salford  |  |  |
| Trafford |  |  |

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| **9a)** When will your **project start?** |  | From July 2021 |
| **9b)** When will your **project finish?** |  | Up to March 31st 2023 |

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| --- | --- | --- |
| **10a)** How much are you applying for **in 2021/22**? | £ | Up to £10k  |
| **10b)** How much are you applying for **in 2022/23**? | £ | Up to £10k  |
| **10c)** How much are you applying for **in total?** | **£** | **Up to £20k**  |

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| **11)** **How many unique individuals do you estimate will directly benefit from this project?** | **Year One** | **Year Two** |
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| **12) Please describe your project in 50 words** |
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| **13)** Please give details on what you propose to deliver to **engage and support to support people in recovery?** Please include a schedule of what support you’ll be offering, when and how often. (300 words max) | **10 Points** |
| Year 1 (2021/22) |
| Year 2 (2022/23) |

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| **14)** Please describe **how people in recovery access your services** and how you **receive referrals from Achieve.** (200 words max) | **10 Points** |
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Project Outcomes

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| **15)** How will **measure progress for engaging and supporting** individuals in recovery? (200 words max) | **10 Points** |
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| Maximising Social Value We expect all projects to help contribute towards making Greater Manchester a better place for all. | GMSV logo |

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| **16) Paying the Living Wage – if you have staff** | **Yes:** | **No:** | **N/A:** |
| Do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.50/hour? |  |  |  |
| Is your organisation registered with Living Wage Foundation as a Living Wage Employer? |  |  |  |
| Would you like further info on becoming a Living Wage Employer?  |  |  |  |

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| **17) Supporting local businesses and VCSE sector organisations** In delivering your project how will you prioritise buying of goods and services from local independent businesses / VCSE sector organisations? | **5 Points** |
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| **18) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, enhanced greenspace, training opportunities etc.)* | **5 Points** |
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About the money

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| **19) Please give details of your project budget** | **10 Points** |
|  **Description of item** | **Breakdown of calculations** | **Item cost** | **Amount requested** |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(£20,000 max)* | £ |
| **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.** |

Policy check

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| **20) Please confirm you have the following policies in place?** *tick all that apply* | ✓ |
| **a) COVID-19 specific risk assessment** – summarise the actions your organisation has implemented to ensure that any activities being delivered are COVID-safe |  |
|  |
| **b) Health and Safety policy** |  |  | **e) Safeguarding Adults policy** |  |
| **c) Equality/Diversity Statement or Policy** |  |  | **f) Wider Risk assessments***(if applicable to project)*  |  |
| **d) Public Liability Insurance***(Cost can be included in budget)* |  |  |  |  |

**Please enclose:** Please tick to confirm ✓

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| **Safeguarding Adults policy** |  |

**Declaration**

We have read and understood the [Terms and Conditions](https://www.salfordcvs.co.uk/system/files/Salford%20CVS%20Terms%20and%20Conditions%20for%20Grants%20and%20Investments.pdf) and confirm we will adhere to these conditions if our application is successful:

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

Please return your completed application by email to: **grants@salfordcvs.co.uk** inWord or PDF format (no scanned PDFs). **Closing Date:** 12:00 noon, Tuesday 1st June 2021