Answer Cancer Fund 2022

**Full Application Form**

Grants of up to £5,000 for VCSE groups / organisations promoting greater uptake of cancer screening

**About your organisation**

|  |  |
| --- | --- |
| **1)** Organisation Name: |  |

Please provide full contact details for 2 members of your organisation

**2) Lead Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |
| Address(inc. postcode) |  |

**3) Secondary Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |
| Address(inc. postcode) |  |

Please note: all the information below will be shared with the Assessment Panel

**About your organisation**

|  |  |
| --- | --- |
| **4)** Organisation Name: |  |

**About your project idea**

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| --- |
| **5)** What is the **main** **Priority Group** will your activity be targeting?  |
| 1. LGBTQ+ communities
 |  |
| 1. Disabled people
 |  |
| 1. People who care for others
 |  |
| 1. People living with poor mental health
 |  |

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| **6)** Expanding on the answer to Question 5, please **describe in your own words the target group(s)** that you will be engaging with and **why your organisation is well placed** to reach them. | **10 Points** |
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| **7)** Please estimate the number of **unique individuals** that you’ll directly engage with through this project. |  |

|  |  |
| --- | --- |
| **8)** Please give **full details** of your project plan and explain the type of engagement you’ll be undertaking to reach your target community. | **10 Points** |
| *Please give practical examples of* ***what you will be doing*** *and* ***how frequently*** *these activities will take place. See enclosed guidance. (500 words max)* |
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| **9)** How will you engage and recruit your **Lead Answer Cancer Champions**? See Guidance. *(200 words max)* | **10 points** |
| * All proposals are expected to recruit a minimum of 5 Lead Answer Cancer Champions
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| **10)** How will you measure or assess the outputs and outcomes of your project? | **10 points** |
| **Project Outcomes** | **How measured or assessed**  |
| Number of unique individuals engaged on the topic of cancer screening programmes. |  |
| Number of unique individuals committing to go for a cancer screening. |  |
| Number of Lead Answer Cancer Champions recruited. |  |

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| **11)** Please indicate the **timeframe** for this project  | **Start:** |  | **Finish:** |  |
| The earliest that projects can start is 1st July 2022.The latest projects can finish is 30th November 2022. |

**12)** Please confirm the **local authority area(s)** where your activity **is** located

*Please tick all that apply ✓*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bolton  |  |  | Salford |  |
| Bury |  |  | Stockport |  |
| Manchester |  |  | Tameside |  |
| Oldham |  |  | Trafford |  |
| Rochdale |  |  | Wigan |  |

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| --- |
| **13)** Please state the **Council Ward(s)** which you are planning to target your activity.*If you don’t know the Council Wards, please put ‘Don’t know’.*  |
| Local Authority Area | Ward(s) |
|  |  |

|  |  |
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| **Maximising the benefits for Gtr Manchester**We expect all projects to help contribute towards making Greater Manchester a better place for all. | GMSV logo |

|  |  |  |  |
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| **14) Paying the Living Wage – if you employ staff** | **Yes:** | **No:** | **N/A:** |
| **If you employ staff,** do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.90/hour? |  |  |  |
| **If you employ staff,** is your organisation registered with the Living Wage Foundation as a Living Wage Employer? |  |  |  |
| For details see: <https://www.livingwage.org.uk/become-a-living-wage-employer>  |

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| **15) 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 orgs? | **5 Points** |
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| **16) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, trees planted, training etc.)* | **5 Points** |
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**About the money**

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| --- | --- |
| **17)** Please give details of your project budget | **10 Points** |
|  Description of item | Breakdown of calculations | Full cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(£5,000 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.** |

**Declaration**

All the information provided above is correct and we have authority to submit this application on behalf of our group / organisation.

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

Please submit this document by **12:00 noon on Friday 27th May 2022** to: grants@salfordcvs.co.uk or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN