Answer Cancer Fund

**Expression of Interest**

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) |  |

|  |  |
| --- | --- |
| **4)** What is your organisation’s annual turnover? | £ |

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

**About your organisation**

|  |  |
| --- | --- |
| **5)** Organisation Name: |  |

|  |  |  |
| --- | --- | --- |
| **6) What type of organisation are you?**  *(tick all that apply)* | ✓ | **Organisation Number** |
| Unincorporated Association |  | Not applicable |
| Company Limited by Guarantee |  |  |
| Registered Charity |  |  |
| Charitable Incorporated Organisation |  |  |
| Community Interest Company |  |  |
| Community Benefit Society |  |  |
| Cooperative Society |  |  |
| Other (please specify) |  |  |

Your organisation’s policies, procedures and insurance

|  |  |  |  |
| --- | --- | --- | --- |
| **7) Please tell us which policies you have in place** *Please tick 🗸* | We have this in place | We need to develop this | Not Applicable |
| **a)** Health and Safety Policy |  |  |  |
| **b)** Equality/Diversity Statement or Policy |  |  |  |
| **c)** Public Liability Insurance  *(Cost can be included in budget)* |  |  |  |
| **d)** Risk Assessments (inc Covid-19 precautions) *(if applicable to project)* |  |  |  |
| **e)** Safeguarding Adults Policy  *(if applicable to project activities)* |  |  |  |
| **f)** Safeguarding Children Policy  *(if applicable to project activities)* |  |  |  |

**About your project idea**

|  |  |
| --- | --- |
| **8)** Which **Priority Group** will your activity be targeting? *Please tick one ✓* | |
| 1. Black, Asian or Minority Ethnic communities |  |
| 1. LGBTQ+ communities |  |
| 1. Disabled people |  |
| 1. People who care for others |  |
| 1. People living with poor mental health |  |
| 1. Women’s groups or Men’s groups |  |
| 1. Communities from geographical areas of deprivation |  |

|  |
| --- |
| **9)** Please describe **what you plan to do** to promote cancer screening to your priority group *(400 words max).* ***Please read the accompanying guidance.*** |
|  |

|  |  |  |
| --- | --- | --- |
| **10)** If known at this stage, **how much your project will cost?** | | |
| Up to £2,000 for up to 3 months of activity |  |
| Up to £5,000 for 3-6 months of activity |  |
| Don’t know at this stage |  |

**11)** In which **local authority area(s)** will your activity be located?

Please tick all that apply ✓

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

|  |  |
| --- | --- |
| Please state the **Council Ward(s)** which you are planning to target your activity. | |
| Local Authority Area | Ward(s) |
|  |  |

**Declaration**

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

We understand that, if shortlisted, we will be invited to submit a full application to the Answer Cancer programme.

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

Please submit this document by **12:00 noon on Mon 6th September 2021** to: [grants@salfordcvs.co.uk](mailto:grants@salfordcvs.co.uk) or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN