Covid-19 BAME Response Fund

**Application Form**

See guidance notes for submitting applications in other formats

Section A) About your organisation

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| **1) Organisation:** |  |
| **Contact 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) Is your organisation a member of Salford CVS?** | **Yes:** |  | **No:** |  |
| If No, you must apply to join at: [www.salfordcvs.co.uk/membership-signup](http://www.salfordcvs.co.uk/membership-signup)  |

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| **4) What is your organisation’s annual turnover?** *(Max £1.5m)* | £ |

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| --- | --- | --- | --- | --- |
| **5) Is your organisation BAME-led?** *Please tick* ✓ (*See guidance notes for definition)* | **Yes:** |  | **No:** |  |

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| **6) Please describe the actions your organisation has implemented to ensure that any activities being delivered are Covid Safe** *(100 words max)* |
|  |
| **7) Has your organisation completed a Risk assessment in relation to the above?** | **Yes:** |  | **No:** |  |

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| **8) How have the people you support been negatively affected during the Covid-19 pandemic?** |
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Section B) About your project

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| **9) Project Name**: |  |

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| **10) How many individuals will your project support per month (on average)?** |  |

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| **11) Which funding priority (or priorities) does your project address?** (*Tick all that apply)* ✓ |
| Reducing exposure to Covid-19 |  |  | Tackling obesity and diabetes |  |
| Mental Health / Bereavement Support |  |  | Practical Support for BAME communities |  |
| Physical Health and Wellbeing |  | *See guidance notes for further explanation* |

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| **12)** **Please describe how your project will address the** **funding priority (or priorities) you’ve indicated above**  *(400 words max)* | **10 points** |
|  |
| **13) When will your proposed project?** | **Start:***(month/yr)* |  | **Finish:***(month/yr)* |  |

|  |  |
| --- | --- |
| **14) What will you might measure or assess to determine the outcomes and impact of your project?** | **10 points** |
| Project Outcome | How measured or assessed  |
|  |  |
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|  |  |
| **Further details of your approach to evaluation** *e.g. understanding your baseline, measurement tools etc.* |
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| Maximising the benefits for SalfordWe expect all projects to help contribute towards making Salford a better place for all. |  |

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| **15) Paying the Living Wage** | **Yes:** | **No:** | **N/A:** |
| Do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.30/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? *We might be able to help with your accreditation fees in year 1* |  |  |  |

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| **16) Supporting local businesses and third sector organisations** In delivering your project how will you prioritise buying of goods and services from local independent businesses / VCSE organisations? | **5 Points** |
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| **17) 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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Section C - About the money

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| **18) Please give details of your project budget** | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project over next 6-12 months:**  | £ |  |
| **Total amount requested from this fund:** *(£10,000 max)* | £ |
| **If applicable, where is the rest of the money coming from?** |
| Source of funding | Amount | Funding Secured? |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |

Section D) Location and Policies

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| **19) In which areas of Salford will your project be targeted?** (*Please tick all that apply)* ✓ |
| Salford city-wide |  |  | Irlam  |  |  | Swinton South  |  |
| Barton  |  |  | Irwell Riverside  |  |  | Walkden North  |  |
| Boothstown & Ellenbrook |  |  | Kersal  |  |  | Walkden South  |  |
| Broughton  |  |  | Langworthy |  |  | Weaste & Seedley  |  |
| Cadishead  |  |  | Little Hulton  |  |  | Winton  |  |
| Claremont |  |  | Ordsall  |  |  | Worsley |  |
| East Salford  |  |  | Pendlebury  |  |  |  |  |
| Eccles |  |  | Swinton North |  |  |  |  |

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| **20) Please confirm which policies you have in place?** (*Please tick all that apply)* ✓ |
| Health and Safety policy\* |  |  | Risk assessments\**(if applicable to project)* |  |
| Equality/Diversity (statement/policy)\* |  |  | Public Liability Insurance\*\* |  |
| Safeguarding Children policy\**(if applicable to project activities)* |  |  | Up-to-date Annual Accounts\* |  |
| Safeguarding Adults policy\**(if applicable to project activities)* |  |  | Volunteering policy |  |

\*mandatory \*\*mandatory – cost can form element of this bid

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 to 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). See guidance notes for submitting applications in alternative formats.