Wellbeing Matters Community Asset Fund 2021

**Expression of Interest**

Grants of up to £15,000 create specific

offers to support social prescribing

**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) |  |

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| --- | --- | --- | --- | --- |
| **4)** Please confirm your organisation is a  **FULL MEMBER** of Salford CVS? *Please tick 🗸* |  | Yes |  | No |
| If No, you need to apply to join Salford CVS at: [www.salfordcvs.co.uk/membership-signup](http://www.salfordcvs.co.uk/membership-signup) | | | | |

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| **5)** What is your organisations annual turnover? | £ |

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

**About your organisation**

|  |  |
| --- | --- |
| **6)** Organisation Name: |  |

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| **7) What type of organisation are you?**  *(tick all that apply)* | ✓ |  |
| Unincorporated Asso/Community Group |  | Organisation Number |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| **8) 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)** |  |  |  |
| **e) Safeguarding Adults policy** |  |  |  |
| **f) Safeguarding Children policy**  *(if applicable to activities)* |  |  |  |
| **g) Volunteering policy**  *(if volunteers are involved)* |  |  |  |

**About your proposal**

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| --- | --- |
| **9) Offer Name**: |  |
| **10)** Please describe **your offer proposal** to offer new or additional social prescribing placement opportunities.  Please include the benefits that this offer will bring for participants (see priority themes in the guidance), your organisation, group, or wider community.  Please describe how the proposed activity will link in with and support clients of Wellbeing Matters, including the number and the frequency of sessions.  *(500 words max)* | |
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| **11)** How did you develop this proposal? Who was involved?  *(200 words max)* |
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| **12)** Why is your organisation well placed to support individuals connected by the Wellbeing Matters social prescribing programme? *(200 words max)* |
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| **13a)** Estimated total cost of proposal? | £ |
| **13b)** Amount of grant required (up to £15k max)? | £ |

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| **14) Where will the activity take place**? *(100 words max)*  *Please give as much detail as possible including the area of Salford, postcode and a description* |
|  |

|  |  |
| --- | --- |
| **15)** In which of Salford’s Primary Care Networks will **your activity** take place?  *Please tick all that apply 🗸* | |
| Ordsall and Claremont |  |
| Swinton |  |
| Broughton |  |
| Eccles and Irlam |  |
| Little Hulton and Walkden |  |
| City-wide |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **16)** When will your offer commence and finish? | Start (from Feb 2022) |  | Finish (up to Dec 2022) |  |

|  |  |
| --- | --- |
| **17)** How many new clients will your offer support? |  |

**Declaration**

We have read and understood the [**Terms & Conditions**](http://www.salfordcvs.co.uk/sites/salfordcvs.co.uk/files/Third_Sector_Fund_T_%26_Cs_2018.pdf)of grant aid & confirm to adhere to these conditions if our application is successful.

We understand that that if shortlisted, we will be invited a development support meeting the afternoon of Wednesday 1st December and to submit a full application by 12:00 noon on Monday 20th December 2021.

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

Please submit this document (in WORD or PDF from WORD format) to: [grants@salfordcvs.co.uk](mailto:grants@salfordcvs.co.uk) or by post to by **12:00 noon on Friday 29h October 2021** to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN