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| SCC_mag_RGB | **Application ID**  **For Office Use Only** |

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|  | **COMMUNITY COMMITTEE/**  **STANDING TOGETHER COMMUNITY GRANTS**  **FUNDING APPLICATION FORM** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organisation:** | | | |
| **Name of Project:** | | | |
| **Where does your organisation meet**: | | | |
| **Registered charity number (if applicable)** |  | **Companies House number (if applicable)** |  |

**Please e-mail to:** [**community.services@salford.gov.uk**](mailto:community.services@salford.gov.uk)

**If you are unable to e-mail please send to the address below:**

**Neighbourhoods and Communities**

**Salford Civic Centre 2nd floor Phase 2   
Chorley Road   
Swinton   
M27 5BY**

**Please keep a copy of your application for monitoring purposes.**

**Please note that as part of the assessment process Salford City Council cross reference any applications received with Salford CVS Little Pot of Health, Innovation Funds and Volunteers Expenses to ensure there is no duplication.**

Please note that the Macros may need to be enabled on this application form to enable to boxes to be ticked – please see the last page of the application form for details on how to do this.

**PART A - ABOUT YOUR ORGANISATION**

**Please see attached guidance notes to help you complete your application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Contact Details** | | **Lead Contact** | | | **Secondary Contact** | |
| **Name:** | |  | | |  | |
| **Position in organisation:** | |  | | |  | |
| **Tel Number:** | |  | | |  | |
| **Mobile Number:** | |  | | |  | |
| **Email Address:** | |  | | |  | |
| **Address (inc. postcode** | |  | | |  | |
| **3. Where does your organisation meet**  **(address and postcode)** | |  | | | | |
| **4. Does your organisation have a set of rules or constitution? (If applying for more than £500 a copy must be submitted with your application).** | | | **Yes No** | | | |
| **5. Does your organisation have Public Liability Insurance? (Please attach a copy with your application form)** | | | **Yes No** | | | |
| **6. Does your organisation have its own bank account? ( Please attached a recent copy with your application form)** | | | **Yes No** | | | |
| **7. Does your organisation have its own financial accounts? ( Please attached a recent copy with your application form)** | | | **Yes No** | | | |
| **8. Bank Account**  **Name:** | **Account Number:** | | | **Sort Code:** | | **Address:** | |
|  |  | | |  | |  | |

**SAFEGUARDING**

**Salford City Council expects all services to demonstrate a commitment to keeping children, young people and vulnerable adults safe. This will include robust and clear safeguarding policies and procedures – To ensure you have/or require assistance to ensure your organisation has all the correct policies and procedures in place - see information links in the guidance notes.**

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| **9. Do you carry out DBS check on staff and volunteers?** | **Yes No**  **If not please explain why.** | | |
| **10. Have you carried out a Salford Safeguarding Self Assessment to ensure the services you deliver are safe for children and young people?**  **(If yes please provide a copy)** | **Yes No**  **If not please explain why.** | | |
| **11. Does your organisation provide activities for under 8’s?** | **Yes**  **No** | **If so how many hours a day are activities provided?** | **Does your organisation hold a certificate of registration with Ofsted? (if yes please provide a copy)** |
|  | **Yes No** |

**PART B**

**TO BE COMPLETED BY COUNCIL DEPARTMENTS AND PUBLIC SECTOR ORGANISATIONS ONLY**

|  |  |  |
| --- | --- | --- |
| 1. **Council Department responsible for the project** | |  |
| 1. **Main Contact Person:** | |  |
| 1. **Telephone Number** | |  |
| 1. **Email Address** | |  |
| 1. **Local Authority budget code details – please include cost centre and GL code** | |  |
| **For external organisations the preferred method of payment is BACS. Please provide bank account name, number and sort code** | | |
| 1. **Bank Account Name** |  | |
| 1. **Bank Account Number** |  | |
| 1. **Bank Sort Code** |  | |

**PART C**

**TO BE COMPLETED BY ALL APPLICANTS**

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| **1.** | | **Please describe your project in 500 words.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.** | | **Each of the objectives listed below are priorities for Community Committee Funding and Standing Together Grants. Please indicate clearly which ones you feel your project will achieve – See guidance notes for more information** | | | | | | | | | | | | | |
| **Builds Community Resilience** | | | | **Meets Local Wellbeing and Health needs** | | | | | **Supports the Priority Outcomes of the Salford Locality Plan** | | | | |
| **Keeping People Safe** | | | | **Reducing Harm and Offending** | | | | | **Strengthening Communities and places** | | | | |
| **3.** | | **Please describe in no more than 100 words (per objective) how your project will achieve/deliver the priorities indicated above: See guidance notes for more information** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **4.** | | **Total Number of Beneficiaries** | | | | | | | | | | | **5. Age Range** | | |
| **6.** | | **How much money are you applying for? It is expected that where possible organisations will provide a minimum of 25% match funding. This could be in funding or in kind – see guidance notes for more information.** | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | **Cost**  **£** | | |
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| **Total of funding assistance required** | | | | | | | | | | |  | | |
| **What is the total cost of the project** | | | | | | | | | | |  | | |
| **7.** | | **If you are not applying for the full cost of your project, please describe how the shortfall will be met and provide evidence of this. (See guidance notes regarding match funding). Also include any “self help” fundraising intended or achieved (including assistance in kind).** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **8.** | | **Is it your organisations policy as an employer/service provider to comply with its statutory obligations under the Equality Act 2010 and accordingly its practice not to treat one group of people less favourably than others? Yes No** | | | | | | | | | | | | | |
| **9.** | | **Please clearly indicate if your organisation is open to the following groups of people?** | | | | | | | | | | | | | |
| **Those on low income** | | | **BME (Black and Minority Ethnic)** | | | | | | | **LGBT (Lesbian, Gay, Bisexual, Transgender) and Gender Reassignment** | | | |
| **Males** | | | **Females** | | | | | | | **Children and Young People** | | | |
| **Disability Groups** | | | **Faith Groups** | | | | | | | **Older People** | | | |
| **10.** | | **If your organisation is not open to any of the above groups, please explain why?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **11.** | | **Which part of Salford do your Beneficiaries come from? This information will determine which Neighbourhood your application will be submitted to.** | | | | | | | | | | | | | |
|  | **Ward** | | | | **Number of Beneficiaries** | | |  | **Ward** | | | | **Number of Beneficiaries** |
| **1** | **Eccles** | | | |  | | | **5** | **Higher Irlam and Peel Green** | | | |  |
| **Barton and Winton** | | | |  | | | **Cadishead and Lower Irlam** | | | |  |
| **2** | **Broughton** | | | |  | | | **6** | **Swinton and Wardley** | | | |  |
| **Kersal and Broughton Park** | | | |  | | | **Pendlebury and Clifton** | | | |  |
| **Blackfriars and Trinity** | | | |  | | | **Swinton Park** | | | |  |
| **3** | **Boothstown and Ellenbrook** | | | |  | | | **7** | **Claremont** | | | |  |
| **Worsley and Westwood Park** | | | |  | | | **Weaste and Seedley** | | | |  |
| **4** | **Little Hulton** | | | |  | | | **8** | **Pendleton and Charleston** | | | |  |
| **Walkden South** | | | |  | | | **Ordsall** | | | |  |
| **Walkden North** | | | |  | | | **The Quays** | | | |  |
| **12.** | **Timescale of project/activity/event that you are applying for funding for:** | | | | | | | | | | | | | | |
| **Start Date** | | | | | | | | **End Date** | | | | | | |
| **13.** | **Who will be responsible for managing the project?** | | | | | | | | | | | | | | |
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| **14.** | **How will you know that you have achieved the objectives that you have described in part C questions 2 and 3?** | | | | | | | | | | | | | | |
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| **15.** | **DECALARATION/DATA PROTECTION ACT CONSENT**  **Salford City Council is bound by section 2 of the Local Government Act 1986 not to publish/fund any materials which are offensive, political and do not provide a balanced approach. Therefore please ensure you read the attached Community Committee conditions for funding applications consent form and Declaration- To the best of my knowledge the information supplied in this application is correct and accurate. On behalf of the organisation I accept full responsibility for the management of the funding as stated in this application form. If you agree with the conditions, complete, sign and return with your application form.**  **Salford City Council (Neighbourhoods and Communities) will share and hold information regarding your Management Committee and organisation for the purposes of administering, assessing and supporting your application for grant funding. These will include Council Officers, Elected Members and Budget Group Members. This information will be held in accordance with the Data Protection Act 2018.**  **All successful applicants will be requested to provide evidence of expenditure for their project (receipts and invoices) and to complete a monitoring form on completion of the project.**  **Please tick to acknowledge this requirement**  **Please sign and date below to:**   * **Declare that the information you have given on this form is correct and complete** * **You consent to the holding and sharing of information regarding you and your organisation for the purpose of administering, processing and providing support in relation to you application for grant funding.** | | | | | | | | | | | | | | |
| **Date** | | | **Name in block capitals** | | | | **Signature** | | | | | | **Position in Organisation** | |
|  | | |  | | | |  | | | | | |  | |

**Please return this form to:**

**Neighbourhoods and Communities**

**Salford Civic Centre**

**2nd Floor, Phase 2**

**Chorley Road**

**Swinton**

**M27 5BY**

**Email –** [**community.services@salford.gov.uk**](mailto:community.services@salford.gov.uk)

**Telephone 0161 793 2267/2212/2279/2278/2269**

**Community Committee Conditions for Funding Applications**

|  |
| --- |
| **Organisation:** |
| **Address:** |

Salford City Council (“the Council”) is bound by section 2 of the Local Government Act 1986 not to publish any material which appears to be designed to affect public support for a political party. The section also states that the Council cannot give financial assistance to a person for the publication of such material. This includes community committees which make decisions regarding Council funding.

You must ensure, therefore, that any publications produced by or on behalf of community committees are not designed to affect public support for a political party, and any publication must comply with the following conditions:

* There should be no offensive language, including anything that would breach the Equality Act 2010.
* There must be nothing of an overly political nature
* The publication must take a balanced approach, giving different points of view and information on Issues.
* Publicity should not attack, nor appear to undermine generally accepted moral standards
* Nothing published should breach libel laws as the Council would be found responsible as if it had funded the publication
* Appropriate screening/filtering procedures must be in place to ensure that none of the above conditions are breached

All the above conditions will apply to all publications/projects delivered by your organisation as Salford City Council has an obligation, when considering potential funding, to ensure that the publication complies with the above guidance.

For your information, “publication” includes leaflets, newsletters, posters, campaigns, advertising, websites, and general publicity information on T-shirts, carrier bags, badges, letterheads, business cards and the like.

**Who will be responsible within your organisation for ensuring all of the above conditions are complied with?**

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**WE AGREE TO ENSURE THAT ALL OF THE ABOVE CONDITIONS ARE COMPLIED WITH AT ALL TIMES AND UNDERSTAND THAT FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION BEING TAKEN TO SECURE THE RETURN TO SALFORD CITY COUNCIL OF ALL FUNDING APPROVED BY THE COMMUNITY COMMITTEE.**

|  |  |
| --- | --- |
| **(Chairperson) Signed:** | **(Treasurer) Signed:** |
| **Date:** | **Date:** |

**How to enable Macros**

When you open the application form, on the top left hand side of the page there may be the following message:

Security warning – some active content has been disabled.

There is a box entitled ‘Options’.

Click on options

A box opens saying: Security Alert – Macros and Active X

Click on the circle ‘enable the content’

Click OK