**Food Fund for over 65s**

**Application Form**

For grants of up to £7,000 to support existing lunch clubs

and/or home delivery of meals/food parcels

**About your organisation**

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| --- | --- |
| **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)** Is your organisation a  **FULL MEMBER** of Salford CVS? *Please tick 🗸* |  | Yes |  | No |

In the event of an award being made, your organisation will be paid by bank transfer.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5) Bank Account details** | | OFFICE USE ONLY **– AWARD: £** | | | | | | |
| **Account Name** *must be an organisation* |  | | | | | | | |
| **Account Number** |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  | **-** |  |  | **-** |  |  |

**IMPORTANT:** If you have not received funding from Salford CVS previously, you must enclose a photo or scan of a bank statement or paying-in slip.

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

**About your organisation**

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

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| **7) What type of organisation are you?**  *(tick all that apply)* | ✓ |  |
| Unincorporated Association |  | 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

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| --- | --- | --- |
| **8) Please tell us which policies you have in place**  *Please tick 🗸* | We have this in place | We need to develop this |
| **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** |  |  |

**Your planned provision**

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| --- | --- |
| **9) What provision for supporting those aged 65 and over are you applying for?** | *Please tick all that apply* |
| Lunch clubs (hot meals etc.) for those aged 65 plus |  |
| Home delivery of food parcels or meals for those aged 65 plus |  |

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| **10)** Please give **full details** of what you are seeking funding for.  *Please describe the* ***additional food support*** *you’ll be able to provide for people aged over 65 through this funding and* ***why this is needed****. (300 words max)* |
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| **11) Venue(s) for food preparation / cooking** *(include postcode)* |
|  |

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| --- | --- | --- | --- |
| **Food Safety and Hygiene** | **Yes** | **No** | **Details** |
| **12)** Is this venue registered with Salford City Council as a Food Business? |  |  |  |
| **13)** Will food preparation be supervised by Food Hygiene Level 2 qualified staff or volunteers |  |  |  |

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| **14)** Using simple language please **describe the community** your project will be targeting (geographical, community of identity /experience) *(100 words max)* |
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| **15)** How will youengage / promote your project to **people over 65 who are most in need of support with food?** *(150 words max)* |
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| **16)** Approximately **how many people aged over 65** would this funding support **on a weekly basis?** |
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| **17) How many weeks of food provision** do you estimate this project will provide? |
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| **18) What provision for supporting those aged 65 and over are you applying for?** | *Please tick all that apply* |
| Sustain current provision for over 65s |  |
| Expand the number of places for over 65s |  |
| Provide additional days of support for over 65s |  |

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| **19)** Will beneficiaries be expected to pay a contribution to meals / food packages / deliveries? If so how much will you charge per person? |
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| **20) Please describe the typical food offer you’ll be providing**  *Will this be healthy & nutritionally balanced? Hot or chilled? Will there be vegetarian, vegan / culturally appropriate options?* |
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| **21) Any additional information?** |
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**About the money**

All reasonable project costs associated with food purchase, preparation, cooking and delivery will be considered (including staffing/volunteer costs). Additionally, costs for providing warm clothing, blankets and bedding for those over 65 can be included. Please break down your calculations to show how figures have been calculated.

**22) Please provide a budget for your project below**

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| --- | --- | --- |
| **Description of items** | **Breakdown of calculations** | **Amount requested** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund?** *(£7,000 max)* | | **£** |
| **If applicable, please list any sources of match funding secured** | | |
| **Source(s) of match funding:** | | **Amount(s)** |
| Total expected income from charges to beneficiaries (if applicable) | | £ |
|  | |  |
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| **23)** Please estimate the **unit cost of providing a meal or food parcel** to a person over 65. *(i.e. how much will each meal or food parcel cost when all staffing, venue hire, food purchase, cooking costs etc. are taken into account?)* | |
| Meal provided on-site in a lunch-club setting  (if applicable) | £ |
| Home delivered meal or food parcel  (if applicable) | £ |

Please enclose: Please tick to confirm ✓

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| --- | --- | --- |
| **Safeguarding**  **policies** | **Safeguarding Adults policy** *if working with vulnerable adults* |  |

|  |  |  |
| --- | --- | --- |
| **For food preparation / cooking projects only** | **Food hygiene rating certificate for venue** *if applicable* |  |
| **Food hygiene certificate for lead cook(s)** *if applicable* |  |

Declaration

We confirm all the information supplied in this application is correct, and 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) of grant aid and agree to adhere to these conditions

|  |  |
| --- | --- |
| **Name:** (signature not required) |  |
| **Role:** |  |
| **Date:** |  |

**Please return this form to:** [**grants@salfordcvs.co.uk**](mailto:grants@salfordcvs.co.uk)inWord or PDF format (no scanned PDFs) **by 12:00 noon on Mon 25th July 2022**