Grow Well Fund 2021

**Expression of Interest**

Grants of up to £2,000 to help

get Salford growing

**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)** 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 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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** *(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**

|  |  |
| --- | --- |
| **9) Project Name**: |  |
| **10)** Please describe **what you want to do** to help get Salford Growing.  *(400 words max)* | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11)** Do you have an idea of how much your project will cost at this stage? *Please tick 🗸* | No: |  | Yes: |  |
| If Yes, how much? *(up to £2,000 is available from this fund)* | | | £ | |

|  |  |
| --- | --- |
| **12)** Please confirm the status of your rights to use the land | ✓ |
| 1. Own the land |  |
| 1. Have the land owners permission to carry out the project. |  |
| 1. Not applicable |  |

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| --- |
| **13) Where will the project take place**? *(200 words max)*  *Please give as much detail as possible including the area of Salford, postcode and a description* |
|  |

**Please enclose**

|  |  |  |
| --- | --- | --- |
| Please send us **2-3 pictures** of the area you want to transform  *(file size: 2MB max)* | **Please tick** to confirm you’re emailing 2-3 images with your application ✓ |  |

**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 to submit a full application and be invited to attend workshops supported by RHS Garden Bridgewater.

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

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