**Healthy Holidays Fund**

**Winter 2021 Application Form**

For grants of up to £2,000 to fund children’s activities   
with food provision during the December holidays 2021

**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**

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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

|  |  |  |
| --- | --- | --- |
| **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)**  *(if applicable to project)* |  |  |
| **e) Safeguarding Adults policy**  *(if applicable to project activities)* |  |  |
| **f) Safeguarding Children policy** |  |  |

**Your planned provision**

**9)** Are you planning to offer food and activities **OR** just provide activities (with food supplied by Citywide)

Please tick one option below: 🗸

|  |  |  |
| --- | --- | --- |
| **Food and activities** |  | **Please answer Questions 10-13** |

**OR**

|  |  |  |
| --- | --- | --- |
| **Activities Only** (with food supplied by Citywide) |  | **Please go to Question 14** |
| **Please note:** Citywide can guarantee to supply food on Dec 22, 23, 29 & 30 only. | | |

**Questions 10 – 13 – For Food and Activities projects**

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| **10) Please describe the types of meals and snacks you plan to offer to children attending.** *These must be healthy and nutritionally balanced.* |
|  |

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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 |  |  |  |

**Questions 14 – 28 - For all applicants**

**Programme requirements**

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| --- | --- | --- |
| **14) Can your organisation meet the programme requirements below?** | **Yes** | **No** |
| Target 50% (min) of children attending eligible for Free School Meals without charge |  |  |
| Have a designated safeguarding lead on activity site at all times |  |  |
| All staff and volunteers on site have received training & are DBS checked |  |  |
| First Aider on site at all times |  |  |
| Provide a simple end of project report by 21st Jan 2021 |  |  |

**About you project**

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| --- | --- |
| **15) Project Name:** |  |

|  |  |  |
| --- | --- | --- |
| **16) Over how many days per week will your project be active?** | | |
| Week of 20th – 24th Dec 2021: |  | Days |
| Week of 27th – 31st Dec 2021: |  | Days |
| **TOTAL:** |  | **Days** |

|  |  |
| --- | --- |
| **17)** How many **hours per day** will your project operate? |  |
| **18)** What will be the **ratio of staff / volunteers** to children? |  |
| **19)** **How many children** will your project have capacity to support each day? |  | |

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| **20) Venue(s) for project activities**  *(include postcode)* |
|  |

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| **21)** Please describethe **physical and wider enrichment activities** you will be offering to children attending. |
| **Physical activities** on offer |
|  |
| **Wider ‘enrichment’ activities** on offer (including any nutritional education) |
|  |

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| **22)** Using simple language please **describe the community** your project will be targeting (geographical / identity) |
|  |

|  |
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| **23)** How will youengage / promote your project to **those families most in need?** *(150 words max)* |
|  |

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| **24) Any other information you wish to share.**  Including the dates you’d like Citywide to provide food (if applicable) |
|  |

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| **Maximising the benefits for Salford**  We expect all projects to help contribute towards  making Salford a better place for all. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **25) Paying the Living Wage – if you employ staff** | **Yes:** | **No:** | **N/A:** |
| **If you employ staff,** do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.50/hour? |  |  |  |
| **If you employ staff,** is your organisation registered with Living Wage Foundation as a Living Wage Employer? |  |  |  |
| For details see: <https://www.livingwage.org.uk/become-a-living-wage-employer> | | | |

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| **26) Supporting local businesses and VCSE sector organisations**  In delivering your project how will you prioritise buying of goods and services from local independent businesses / VCSE sector orgs? |
|  |

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| **27) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, enhanced greenspace, training etc.)* |
|  |

About the money

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

|  |  |  |
| --- | --- | --- |
| **Description of items** | **Breakdown of calculations** | **Amount requested** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund?** *£2,000 max)* | | **£** |
| **If applicable, please list any sources of match funding secured** | | |
| **Source(s) of match funding:** | | **Amount(s)** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

Please enclose: Please tick to confirm ✓

|  |  |  |
| --- | --- | --- |
| **Safeguarding**  **policies** | **Safeguarding Children policy** |  |
| **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 8th November 2021**

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**Please next page for how you can make a pledge to help improve Salford** (optional)

**Optional – Making a pledge to help improve Salford**

|  |  |
| --- | --- |
| 10percentbetter | Help make Salford  **10% Better** |

**Salford CVS is a leading member of Salford’s Social Value Alliance**

The [Social Value Alliance](https://www.salfordsocialvalue.org.uk/social-value-alliance/) wants to tackle the inequality and poverty in Salford and improve wellbeing and quality of life for the people who live here. Our aim is to maximise the local benefit from all money spent in Salford. The 10% Better Campaign invites you make a pledge to help make positive difference.

If your organisation shares the aim of the 10% Better Campaign you can show your support by making a pledge. You can find out more at [www.salfordsocialvalue.org.uk/10-better-campaign](http://www.salfordsocialvalue.org.uk/10-better-campaign)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is your organisation interested in making a pledge to support the 10% Better Campaign?** (*Please tick)* ✓ | | | | | |
| Yes: |  | No: |  | We’ve already made a pledge: |  |

**NB:** This is completely optional and does not form part of the grant scoring and assessment process.

If you answered Yes to the above question you can make your pledge online at:

[www.salfordsocialvalue.org.uk/10-better-campaign/make-a-10-better-pledge](http://www.salfordsocialvalue.org.uk/10-better-campaign/make-a-10-better-pledge)

Thank you for playing your part in helping make Salford 10% better!