**Live Well this Winter Fund**

**Application Form**

For grants of up to £1,000 to support Salford’s Covid-19
response between January and March 2021

a) About your organisation

|  |
| --- |
| **1) Organisation Name** |
|  |
| **Contact Details**  | **Lead Contact** | **Secondary Contact** |
| **Name:** |  |  |
| **Tel Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |
| **Address**(inc. postcode) |  |  |

|  |  |
| --- | --- |
| **2) Please tick this box to confirm you have full Salford CVS membership** ✓ |  |
| Only VCSE organisations who are [full members](https://www.salfordcvs.co.uk/membership-0) of Salford CVS are eligible to apply. |

**Payment details** – if successful you will not need to invoice us separately

|  |
| --- |
| **3) Bank Account details** – for payment of award (if successful) |
| **Account Name** (must be an organisation) |  |
| **Account Number** |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  | **-** |  |  | **-** |  |  |

If your bank details have changed since your last grant within the last 12 months, please **enclose a scan or photograph of a bank statement OR paying-in slip.**

|  |  |
| --- | --- |
| **OFFICE USE ONLY – AWARD APPROVED:** | **£** |

|  |  |  |
| --- | --- | --- |
| **4) Type of VCSE organisation?***(tick all that apply)* | ✓ | **Organisation Number** |
| Constituted Group |  | Not applicable |
| Company Limited by Guarantee |  |  |
| Registered Charity |  |  |
| Charitable Incorporated Organisation |  |  |
| Community Interest Company  |  |  |
| Community Benefit Society  |  |  |
| Cooperative Society |  |  |
| Other (please specify) |  |  |

b) About you project

|  |  |
| --- | --- |
| **5) Project Name:** |  |
| **6) How will your organisation use this grant to help Salford residents Live Well this winter (Jan – Mar 2021)?**  |
| What will you do? How often? Who will undertake the project? |
| Evidence of need: |

|  |
| --- |
| **7) Which areas of Salford will the project target?** *e.g. Broughton, City-wide etc.* |
|  |
| **8) Please describe in your own words** **who will benefit from this this project.** |
|  |
| **9) How many unique individuals do you estimate your project will support between January and March 2021?** |  |

c) About the money

**10) Please provide a simple budget for your project below**

|  |  |  |
| --- | --- | --- |
| **Description of items** | **Breakdown of calculations** | **Amount requested** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund?** *£1,000 max)* | **£** |
| **If applicable, please list any sources of match funding secured** |
| **Source(s) of match funding:** | **Amount(s)** |
|  |  |

d) Policy check

|  |  |
| --- | --- |
| **11) Please confirm you have the following policies in place?** *tick all that apply* | ✓ |
| **a) Covid-19 specific risk assessment** – describe below the actions your organisation has implemented to ensure that any activities being delivered are Covid safe |  |
|  |
| **b) Health and Safety policy** |  |  | **e) Wider Risk assessments***(if applicable to project)* |  |
| **c) Equality/Diversity Statement or Policy** |  |  | **f) Safeguarding Children policy***(if applicable to project activities)* |  |
| **d) Public Liability Insurance***(Cost can be included in budget)* |  |  | **g) Safeguarding Adults policy***(if applicable to project activities)* |  |

Please enclose: Please tick to confirm ✓

|  |  |  |
| --- | --- | --- |
| **If applicable to your project activities** | **Safeguarding Children policy** *if working with children* |  |
| **Safeguarding Adults policy** *if working with vulnerable adults* |  |

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

d) 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** **as soon as possible.**

Awards will be assessed on a first-come, first served basis up to the end of February or when funds are fully allocated, whichever comes sooner. Applications will be assessed weekly.