Suicide Prevention Fund 2021-22

**Application Form**

For grants of up to £10,000 to

address suicide prevention

**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)** 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? *(£2m max)* | £ |

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

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

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| **9)** **Please give an overview of your organisation’s:** | **10 Points** |
| **(a) interest and track record** in working with adults at risk of suicide in Salford | |
|  | |
| **(b) unique skills, experiences & expertise** that your organisation brings to this agenda | |
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| **10) We welcome applications from single organisations as well as partnership bids.**  **Is your project to be delivered in partnership with another organisation or organisations?** | Yes: |  | No: |  |

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| **11)** **If Yes, please give full details below of all the partner organisations involved and their role in the partnership.** *(200 words max)* |
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**About your project**

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| **12) Project Name**: |  |

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| **13)** **Please describe your project in 50 words** |
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| **14) Which Priority issue(s) will your project address?**  *Please tick all that apply 🗸* | |
| * Suicide Prevention & Economic Adversity: |  |
| * Suicide Prevention and Isolation: |  |
| * Suicide Prevention in Black, Asian and Minority Ethnic communities: |  |

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| **15)** Approximately **how many unique individuals** do you estimate will directly benefit from this project over its lifetime? |  |

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| **16) Timescale for your project** (12-months max) | **Start** month/year: |  | **Finish**  month/year: |  |

Please note that we will want to have projects that start at different points over the next 12 months, therefore, realistic/ achievable start times would be helpful.

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| **17)** **Which area(s) of Salford will your project target?** |
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| **18) Is the project?**  *Please tick*  ✓ | **A new project** | |  |
| **An expansion of an existing project** | |  |
| **Other** (give details) |  | |

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| **19)** **Please outline how the following groups have been involved in the design and development of this project (and delivery where appropriate).** Also please include any wider evidence used in shaping your approach.*(200 words max)* | **10 Points** |
| **(a) Adults with lived experience of mental health difficulties or who have experienced thoughts of suicide.** | |
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| **(b) Adults from Black, Asian or other minority ethnic, Disability, LGBTQ+ and other often excluded communities** | |
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| **20)** **How do you propose to engage and recruit project beneficiaries and/or develop a pathway for referrals from other organisations?** *(300 words max)* | **10 points** |
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| **21)** **Please state how your project will seek to address suicide prevention for beneficiaries under your chosen Priority issue(s).** Please include a description of your target group(s).  *(500 words max)* | **10 Points** | |
|  | | |
| **22)** **Please give details of what will be delivered through this project** *Please explain how you will use the money, what you plan to do, who’s doing it, the frequency of activities, on which days etc.*  *(300 words max)* | | | **10 Points** | |
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| **23) What might you measure or assess to determine the outcomes and impact of your project?** | | | **10 points** | |
| **Project Outcomes** | **How measured or assessed** | | | |
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| **Maximising the benefits for Salford**  We expect all projects to help contribute towards  making Salford a better place for all. | |  | |

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| **24) 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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| **25) 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? | **5 Points** |
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| **26) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, enhanced greenspace, training etc.)* | **5 Points** |
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**About the money**

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| **27)** Please give details of your project budget | | | | | | | | **10 Points** | |
| Description of item | Breakdown of calculations | | | Item cost | | | | Amount requested | |
|  |  | | | £ | | | | £ | |
|  |  | | | £ | | | | £ | |
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|  |  | | | £ | | | | £ | |
| **Total cost of project** | | | | £ | | | |  | |
| **Total amount requested from this fund:** *(£10,000 max)* | | | | | | | | £ | |
| **If applicable, where is the rest of the money coming from?** | | | | | | | | | |
| **Source of funding** | | **Amount** | | | | **Funding Secured?** | | | |
|  | | £ | | | |  | | | |
|  | | £ | | | |  | | | |
|  | | £ | | | |  | | | |
|  | | £ | | | |  | | | |
| **Please retain all financial records.**  **Salford CVS reserves the right to audit your project expenditure.** | | | | | | | | | |
| **28a)** Does your organisation have its own bank account? | | | | Yes: | |  | | No: | |  | |
| **28b)** If no, do you need Salford CVS to provide a holding account for you? | | | | Yes: | |  | | No: | |  | |

**Please attach**

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| **Safeguarding Adults policy** | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy**  *(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |

**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.

|  |  |
| --- | --- |
| 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 by **12:00 noon on Friday 29th October** to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN

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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)

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| **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!