Volunteers’ Expenses Fund

2021/22- Round 3

**Application Form**

For grants of up to £750 to help cover

out-of-pocket expenses for volunteers

**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**

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| 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? *(£100k 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)** Do your volunteers have Volunteer driving cover on car insurance (inc. Carrying Passenger if applicable)  |
| Yes: |  | No: |  | Not applicable: |  |

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| **9)** Will your project involve children or young people? | Yes: |  | No: |  |
| If Yes, what are the age ranges of the children or young people? |
| 0-5 |  | 6-11 |  | 12-15 |  | 16-19 |  | 20-25 |  |

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| **10)** Do the activities you provide require DBS (Disclosure and Barring Service) checks? | Yes: |  | No: |  |

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| **11) 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) Volunteering Policy** |  |  |  |
| **d) Public Liability Insurance** |  |  |  |
| **e) Risk assessments (inc Covid-19 precautions)**  |  |  |  |
| **f) Safeguarding Adults policy** *(if applicable to project activities)* |  |  |  |
| **g) Safeguarding Children policy***(if applicable to project activities)* |  |  |  |

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| **12)** Please describe what you organisation does*(50 words max)* |
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About your volunteers

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| **13)** How many volunteers (excluding trustees) does your organisation have on a weekly basis? |  |
| **14)** How much have you spent on volunteer expenses in the last 12-months? | £ |
| **15)** How many volunteers did this support (in total)?  |  |
| **16)** How many volunteers will **this grant** support over 12-months? \* |  |
| **17)** How many **new** volunteer opportunities will this grant support? \* |  |
| **\*Please use realistic numbers – larger estimates will not increase your chances of funding** |

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| **18)** Please describe the role(s) that your volunteers will be undertaking | **10 points** |
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| **19)** Please describe who will ultimately benefit from the volunteering activity *(i.e. the beneficiaries of the volunteering, not the volunteers themselves)* | **10 points** |
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| **18) Which areas of Salford will your project target?** (*Please tick all that apply)* ✓ |
| Barton & Winton |  |  | Pendlebury & Clifton |  |
| Blackfryers & Trinity |  |  | Pendleton & Charlestown |  |
| Boothstown & Ellenbrook |  |  | Quays |  |
| Broughton |  |  | Swinton & Wardley |  |
| Cadishead & Lower Irlam |  |  | Swinton Park |  |
| Claremont |  |  | Walkden North |  |
| Eccles |  |  | Walkden South |  |
| Higher Irlam & Peel Green |  |  | Weaste & Seedley |  |
| Kersal & Broughton Park |  |  | Worsley & Westwood Park |  |
| Little Hulton |  |  |  |  |
| Ordsall |  |  | **OR CITY-WIDE** |  |

See guidance notes for map showing Salford’s new ward boundaries.

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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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| **21) 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 £9.90/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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| **22) 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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| **23) 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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| **24)** Please give details of your project budget | **10 Points** |
| **a) Protective Clothing / Specialist Equipment (£50 max per volunteer)** |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **b) Volunteer Meals / Refreshments (£5 max / volunteer / day)** |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **c) Care of Dependents (£15 max / volunteer / day)** |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **d) DBS Checks** – available from Salford CVS:<https://www.salfordcvs.co.uk/dbs-checks>  |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **e) Volunteer Travel (public transport – up to £8 a day)** |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **f) Volunteer Travel (personal mileage – up 45p per mile)** |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |
| **g) Accessibility Support** (supporting access for volunteers with physical or other impairment) |
| Description of what is requested: |  |
| Why is this needed? |  |
| Breakdown of calculations |  | Amount requested: | £ |

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| **Total amount requested** from the Volunteers’ Expenses Fund(Maximum £750) | £ |
| Total cost of supporting your volunteers over the next 12-months | £ |
| **If relevant, where is the rest of the money coming from?** Please specify the funder, amount and confirmation that it is secured. |
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| **Please retain all financial records.****Salford CVS reserves the right to audit your project expenditure.** |

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| **25)** Does your organisation have its own bank account?  | Yes: |  | No: |  |
| **26)** If no, do you need Salford CVS to provide a holding account for you?  | Yes: |  | No: |  |

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| **27)** Would you like to promote your volunteering opportunities on our [Volunteering Portal](https://www.salfordcvs.co.uk/volunteer-opportunities)?  | Yes: |  | No: |  |

**Please attach**

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

**Declaration**

* *All the information supplied is correct to the best of our knowledge and we are duly authorised to submit this application on behalf of our organisation.*
* *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** or by post by **12:00 noon on Mon 7th February 2022** 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**

|  |  |
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| 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!