Volunteers’ Week Activities Fund 2021

**Application Form**

For grants of up to £500 to recruit,

retain or celebrate volunteers

**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**

|  |  |
| --- | --- |
| **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)* |  |  |  |
| **g) Volunteering policy** |  |  |  |

**About your project**

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| **9) Project Name**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **10) What are you planning to use this grant for during Volunteers’ Week?** Please tick all that apply ✓ | | | |
| Recruiting volunteers |  | If so, how many? (est) |  |
| Retaining your volunteers |  |
| Recognising/celebrating your volunteers |  |

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| **11) Please describe your Volunteers’ event or activity.**  Please describe how will it recruit, retain or recognise volunteers. | **10 points** |
|  | |

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| **12)** How many volunteers does your organisation currently have? |  |

|  |  |
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| **13)** Approximately how many unique individuals (volunteers) will directly benefit from this project? |  |

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| **14)** Will your project involve children or vulnerable adults? | Yes: |  | No: |  |

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| **15)** When will the project **start?** |  | and **finish?** |  |
| Activities can take place between September and December 2021 | | | |

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| --- |
| **16)** If you know the venue for your activities at this stage, please give details and the address below. |
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| **17) Which areas of Salford will your project target?**  (*Please tick all that apply)* ✓ | | | | |
| Salford city-wide |  |  | Langworthy |  |
| Barton |  |  | Little Hulton |  |
| Boothstown and Ellenbrook |  |  | Ordsall |  |
| Broughton |  |  | Pendlebury |  |
| Cadishead |  |  | Swinton North |  |
| Claremont |  |  | Swinton South |  |
| East Salford |  |  | Walkden North |  |
| Eccles |  |  | Walkden South |  |
| Irlam |  |  | Weaste & Seedley |  |
| Irwell Riverside |  |  | Winton |  |
| Kersal |  |  | Worsley |  |

**About the money**

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| **18)** 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:** *(£500 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.** | | | | | | | | | |
| **19)** Does your organisation have its own bank account? | | | | Yes: | |  | | No: | |  | |
| **20)** If no, do you need Salford CVS to provide a holding account for you? | | | | Yes: | |  | | No: | |  | |

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| **21) Do you want to register with Volunteer Centre Salford?** (for advertising volunteering opportunities). We’ll contact you for further information. | Yes: |  | No: |  |

**Please attach**

|  |  |  |
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| **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**

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 Mon 26th July** 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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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!