Wellbeing Fund 2020/21- Round 2

**Application Form**

Section A - About your organisation

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

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| **2) What type of organisation are you?**  *(tick all that apply)* | ✓ | **Organisation Number** |
| Unincorporated Association / Community Group |  |  |
| Company Limited by Guarantee |  |  |
| Registered Charity |  |  |
| Charitable Incorporated Organisation |  |  |
| Community Interest Company |  |  |
| Community Benefit Society |  |  |
| Cooperative Society |  |  |
| Other (please specify) |  |  |

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| **3) Is your organisation a member of Salford CVS?** | Yes: |  | No: |  |
| If No, you must apply to join Salford CVS at: [www.salfordcvs.co.uk/membership-signup](http://www.salfordcvs.co.uk/membership-signup) | | | | |

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| **4) What is your organisation’s annual turnover?** *(Max £100,000)* | £ |

Section B - About your project

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| **5) Project Name**: |  |

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| **6) Please describe your project in 50 words** |
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| **7)** **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, how it will be promoted etc*  *(300 words max)* | **10 points** |
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| **8)** **How will the project benefit the health & wellbeing of local people?** *(300 words max)* | **10 points** |
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| **9) Please describe the actions your organisation has implemented to ensure that any activities being delivered are Covid Safe** *(100 words max)* | | | | |
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| **10) Has your organisation completed a Risk assessment in relation to the above?** | Yes: |  | No: |  |

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| **11) Does you group support a specific section of the community?** *Please tick* ✓ | | | | |
| Black or Minority Ethnic community |  |  | Women |  |
| Lesbian, Gay, Bisexual or Trans |  |  | Age (youth, older age) |  |
| Disabilities |  |  | No specific group |  |

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| **12) Please give details of who will benefit from the project?** |
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| **13)** **Approximately how many people will directly benefit from this project?** | | | | | |  | |
| **14)** **Approximately how many new people will directly benefit?** | | | | | |  | |
| **15)** **Will your project involve children or vulnerable adults?** | | | Yes: |  | No: | |  |
| **16) When will the project start?** |  | **and finish?** | |  | | | |

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| **17) Is the project?**  *Please tick*  ✓ | **A new project** |  |
| **A continuation of an existing project** |  |
| **An expansion of an existing project** *(e.g. to meet increased demand)* |  |

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| **18) 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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| **19) 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 £9.30/hour? |  |  |  |
| **If you employ staff,** is your organisation registered with Living Wage Foundation as a Living Wage Employer? |  |  |  |
| Would you like further info on becoming a Living Wage Employer? |  |  |  |

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| **20) 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 organisations? | **5 Points** |
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| **21) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, enhanced greenspace, training opportunities etc.)* | **5 Points** |
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Section C - About the money

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| **22) Please give details of your project budget** | | | | | **5 Points** |
| **Description of item** | **Breakdown of calculations** | | **Item cost** | | **Amount requested** |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
|  |  | | £ | | £ |
| **Total cost of project over next 12 months:** | | | £ | |  |
| **Total amount requested from the Wellbeing Fund:** *(£1,000 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.** | | | | | |

Section D - Location and Policies

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| **23) In which areas of Salford will your project be targeted?** (*Please tick all that apply)* ✓ | | | | | | | |
| Salford city-wide |  |  | Irlam |  |  | Swinton South |  |
| Barton |  |  | Irwell Riverside |  |  | Walkden North |  |
| Boothstown and Ellenbrook |  |  | Kersal |  |  | Walkden South |  |
| Broughton |  |  | Langworthy |  |  | Weaste & Seedley |  |
| Cadishead |  |  | Little Hulton |  |  | Winton |  |
| Claremont |  |  | Ordsall |  |  | Worsley |  |
| East Salford |  |  | Pendlebury |  |  |  |  |
| Eccles |  |  | Swinton North |  |  |  |  |

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| **24) Please confirm which policies you have in place?** (*Please tick all that apply)* ✓ | | | | | |
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| Health and Safety policy\* |  |  | Risk assessments\*  *(if applicable to project activities)* | |  |
| Equality/Diversity (statement/policy)\* |  |  | Public Liability Insurance\*\* | |  |
| Safeguarding Children policy\*  *(if applicable to project activities)*  **Please enclose** |  |  | Up-to-date Annual Accounts\* | |  |
| Safeguarding Adults policy\*  *(if applicable to project activities)*  **Please enclose** |  |  | Volunteering policy | |  |

\*mandatory \*\*mandatory – cost can form element of this bid

Declaration

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)and confirm we will adhere to these conditions if our application is successful:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  (signature not req) |  | | |
| **Role:** |  | **Date:** |  |

Please return your completed application by email to: **grants@salfordcvs.co.uk** inWord or PDF format (no scanned PDFs). **Closing Date:** 12:00 noon, Friday 27th November 2020