Youth Wellbeing Fund 2020

**Application Form**

Section A) Who is involved?

The Young People

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| **1) Young Person #1**  |
| Name: |  |
| Age: |  |
| Do you live in Salford? |  |
| Do you attend a Salford school or college? If so, please give the name of your school or college |  |

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| **2) Young Person #2**  |
| Name: |  |
| Age: |  |
| Do you live in Salford? |  |
| Do you attend a Salford school or college? If so, please give the name of your school or college |  |

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| **3) Young Person #3**  |
| Name: |  |
| Age: |  |
| Do you live in Salford? |  |
| Do you attend a Salford school or college? If so, please give the name of your school or college |  |

The Host Organisation

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| **4) Organisation Name**: |
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| **5) Contact Details**  | **Lead Contact** | **Secondary Contact** |
| Name: |  |  |
| Tel Number: |  |  |
| Mobile Number: |  |  |
| Email address: |  |  |
| Address(inc. postcode) |  |  |

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| **6) 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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| **7) 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) (Not required if sponsoring organisation is a school or college) |

Section B) About your project

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| **8) Project Name**: |  |

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| **9) Please describe your project in 50 words** |
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| **10) Approximately when will your project start and finish?** | **Start:***(month/yr)* |  | **Finish:***(month/yr)* |  |

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| **11) Who will directly benefit from your project?** *(100 words max)**Who will the project benefit? Do you have a particular ‘target group’ in mind? For example, you might be working with those who face a particular challenge or disadvantage, or those who are members of a certain community.* |
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| **12) How many young people in total will benefit from this project?** |  |

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| **13) Which type of grant are you applying for?** |
| **A** | **Youth-led activities to support youth wellbeing** (max £2,500) |  |
| **B** | **Co-led project to support youth emotional wellbeing and mental health** (max £7,500) |  |

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| **14)** **Please describe how your proposed activities or project will enhance the lives of young people in Salford** *This must link to your chosen priority:either A) Youth Wellbeing or B) Youth Emotional Wellbeing and Mental Health* *(250 words max)* | **10 points** |
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| **15)** **Please give practical details of the activities that will take place***What will happen, how long will sessions be, how often will they take place, where will they take place (including any remote activities) etc. (250 words max)* | **10 points** |
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| **16) How do you know there is a need for this project?** *(200 words max)* | **10 points** |
| *What are the issues that you are trying to address? Do you have any evidence, e.g. data, statistics, or feedback from young people? Can you show that this issue is not being addressed at the moment?* |
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| **17) What might you measure or assess to understand the outcome and impact of your project?** | **10 points** |
| **Project Outcome** | **How measured or assessed**  |
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Section C - 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** |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project over next 12 months:**  | £ |  |
| **Total amount requested from the Youth Wellbeing Fund:** | £ |
| **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) To be completed by the host organisation

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| Maximising the benefits for SalfordWe 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:** |
| Do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.30/hour? |  |  |  |
| Is your organisation registered with Living Wage Foundation as a Living Wage Employer? |  |  |  |
| Would you like further info on becoming a Living Wage Employer? *We might be able to help with your accreditation fees in year 1* |  |  |  |

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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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Location and Policies

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| **22) 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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| **23) 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\* |  |  | Up-to-date Annual Accounts |  |
| Safeguarding Adults policy\**(if applicable to project activities)* |  |  | Volunteering policy |  |

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

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| **24) 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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| **25) Has your organisation completed a Risk assessment in relation to the above?** | Yes: |  | No: |  |

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