**Application Form**

**Impact Fund: Tackling Health Inequalities**

**2024/25**

**Contact Information**

**a) Lead Contact – for this project**

|  |  |
| --- | --- |
| Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

**b) Secondary Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

*One contact must be a senior member of staff at your organisation.*

**About your organisation**

|  |  |
| --- | --- |
| **1)** Organisation name: |  |
| **2)** Address line 1 |  |
| **2)** Address line 2 |  |
| **2)** Town or City |  | Postcode: |  |
| **3)** What is your organisation’s annual turnover?  | £ |
| **4)** How is your organisation constituted? *(see guidance notes for details)* |
|  |
| **5)** Organisation number *(if applicable)****:*** |  |
| **6)** Website address |  |
| **7)** Facebook Page Link |  |
| **8)** Other *(e.g. Twitter, Instagram, LinkedIn, TikTok etc.)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paying the Living Wage** | **Yes** | **No** | **N/A** |
| **9) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s minimum rate of **£12 per hour**? |  |  |  |
| **10) If you employ staff,** is your organisation accredited with the LW Foundation as a Living Wage Employer? |  |  |  |
| **11) If you answered No, to qu. 10,** are you interested in Salford CVS paying your first year’s LWF accreditation fees? |  |  |  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **12) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy |  |
| d) Public Liability Insurance *(see guidance notes for details)* |  |
| e) Risk assessments  |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy *(if applicable to project activities)* |  |

**Project summary**

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| --- | --- |
| **13)** Project Name: |  |

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| **14)** Please describe your project proposal in 50 words |
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| --- | --- | --- | --- |
| **15)** Approx start date? |  | Finish date? |  |

*The earliest date projects can start is November 2024*

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| **16) Which areas of Salford will your project target?** (*Please tick all that apply)* ✓ |
| Barton & Winton |  |  | Pendlebury & Clifton |  |
| Blackfriars & 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 ward boundaries

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| **17)** Please provide a **full postcode** below that best identifies the location of your proposed project activity. If this isn’t possible, please give details below.*We’d like to highlight all our funded projects on a web-based map.* |
|  |

**Application Form - Part 2**

**Impact Fund (Wider Determinants of Health)**

Please ensure you have completed Part 1 of the application form before completing Part 2.

**About the project**

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| --- | --- |
| **18)** Which **priority of the fund** is your project most looking to address? *See the guidance notes for full details.*  | Please tick 🗸 |
| **A) Poverty and inequality** |  |
| **B) Creating vibrant places and spaces** |  |
| **C) Tackling the climate emergency** |  |
| **D) Skills and education** |  |
| **E) Housing and tackling homelessness** |  |
| **F) Transport and digital connectivity** |  |

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| **19)** Is this a **new, existing,** or **expanded** project? | Please tick 🗸 |
| **New** |  |
| **Existing** |  |
| **Expanded** |  |

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| **20)** Please describe **who in Salford** will benefit from this project. (250 words max) | **5 points** |
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| **21)** What **evidence** do you havethat the people identified above are affected by health inequalities? *e.g. LSOA data, findings from consultation or past projects, etc.* | **5 points** |
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| --- | --- |
| **22)** Please outline your organisation’s **track record** of working with the people you plan to support through this project. | **5 points** |
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| **23)** Estimated number of **Salford residents** who will directly benefit from the project over the delivery period. |  |

|  |  |
| --- | --- |
| **24)** Please provide **full details of the proposed project.** Use numbers where possible *(e.g. number and duration of sessions, etc.).* (500 words max) | **10 points** |
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| **25)** **How will the activities** described in the previous question (Question 24) **address the fund priority** selected in Question 18? (500 words max) | **10 points** |
| *Please provide a rationale as to why the activities you propose above (Qu. 24) will make a positive impact on the priority you have selected (Qu.18).* *Please include any evidence you have to support your rationale.* |
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| **26)** How will you **measure or assess the difference** the project has made to the people you plan to work with?  | **10 points** |
| *All proposals must aim to achieve* ***measurable improvements*** *in health outcomes* ***and/or*** *behaviour change.**See the guidance notes for more detail about how to answer this question.* *Please use one row for each desired outcome.* |
| **Project outcome** | **How measured or assessed**  |
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| **27) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. using local suppliers for goods and services, new volunteering opportunities, enhanced greenspace, training etc.) (200 words max)* | **5 Points** |
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| --- | --- |
| **28) Project Budget**Use the attached Excel document to itemise your project budget. | **10 Points** |
| *All proposed spend should be well described, based on accurate costings / estimates from suppliers, and take account of current inflation rates.* |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**Yes or No |
| * **Project budget**
 |  |
| * **Scan or photo of a recent bank statement or paying-in slip**
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| * **Safeguarding Children policy** *(if applicable to project activities)*
 |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)*
 |  |

Please ensure you have completed all sections of this form and the budget (Excel spreadsheet)

**Declaration**

I have read and understood the [**Terms & Conditions**](https://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023%20%281%29.pdf)of grant aid & confirm to adhere to these conditions if our application is successful. I am authorised to submit this funding application by this organisation.

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

Please submit this document in WORD format to: **grants@salfordcvs.co.uk** or by post by **12:00 noon on Monday 30th September** to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN

Late applications will not be considered



The Impact Fund forms part of Salford CVS’
Third Sector Fund which is financially supported by NHS Salford Integrated Care Partnership (ICP)