**Short Break Care Fund 2025/26**

Application Form – Large Grant

**Contact information**

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

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| --- | --- | --- | --- |
| 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**

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| **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 and social media URLs: Facebook, Twitter, Instagram, LinkedIn… | | | | | |
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| **Paying the Living Wage** | **Yes** | **No** | **N/A** |
| **7) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s minimum rate of **£12.60/hour**? |  |  |  |
| **8) If you employ staff,** is your organisation accredited with the LW Foundation as a Living Wage Employer? |  |  |  |

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

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| **9) 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 *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy |  |

**Project summary**

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| **10)** Project name: |  |

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| **11)** Please describe your project idea in 50 words |
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| **12)** Approx start date? |  | Finish date? |  |

*Your activity may start from 1 April 2025 and finish by 31st March 2026*

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| **13) 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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| **14)** 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.* |
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**About your beneficiaries**

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| **15a)** How many children with SEND do you currently work with? |  | | | |
| **15b)** Do you plan to increase the number of children with SEND you work with?  *Please tick one ✓* | Yes: |  | No: |  |
| If so, how many additional children with SEND? | |  | | |

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| **16)** What are the **age ranges** of the children and young people with SEND you will work with? *Tick all that apply ✓* | | | | | |
| 5-10yrs |  | 11-14yrs |  | 15-17yrs 11mths |  |

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| **17)** Please describe the **nature of the special educational needs and disabilities** of the children and young people you will work with. |
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| **18)** We want to understand the **level of support** you plan to offer children and young people with SEND. | | | | | | | |
| **a) What staffing ratios will you offer?** *Tick all that apply ✓* | | | | | | | |
| 1:1 |  | 1:2 |  | 1:3 |  | 1:4+ |  |
| **b)** **Please provide details of any additional support you will offer children and young people with SEND, for example with eating or using the toilet.** *Please note personal and intimate care requires Care Quality Commission registration/OFSTED registration.* | | | | | | | |
|  | | | | | | | |
| Registration number (if applicable): | | | | | |  | |

**Experience and track record**

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| **19)** This funding is specifically for projects that will support children and young people with SEND. **Thinking of your provision to date, how would you describe your current delivery model?** | *Please tick one 🗸* |
| **a)** We are an established organisation which solely serves **children and young people with SEND** |  |
| **b)** We are an established organisation which solely serves **people of all ages with SEND**, including children and young people |  |
| **c)** We are an established organisation which serves **all parts of the community, including** **children and young people with SEND** |  |

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| **20)** Please give a brief overview of your **interest and track record** **in supporting children and young people with SEND.** |
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| **21)** Please briefly describe your organisation’s **track record working in Salford.** If your organisation has not worked in Salford before, please describe any local connections or partnerships you have. |
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**Project details**

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| **22)** **Where** will your activities be based?  *Please provide any addresses (with postcodes) of the venues* |
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| **23)** Please give **full details of the project** you intend to deliver with this grant.*Include practical details such as the nature of the activities, who will be delivering sessions, how you will keep children and young people engaged, any key dates, etc. (500 words max)* | **10 Points** |
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| **24)** Do you intend to directly **involve or support families** of children with SEND in any way? If so, please give details. *Please note, direct activity or support for families cannot be funded with this grant and is NOT a requirement of the fund. See page 6 of the guidance notes for details.* |
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| **25)** Please give details of the **amount of provision** you will deliver. | | | | |
| **Apr 2025 - Mar 2026** | Estimated number of sessions | Estimated number of children per session | Length of session | Estimated number of hours of short break provision |
| *Example* | *4* | *10* | *2 hours* | *80* |
| Apr-Jun |  |  |  |  |
| Jul-Sep |  |  |  |  |
| Oct-Dec |  |  |  |  |
| Jan-Mar |  |  |  |  |
| **Totals** |  |  |  |  |
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| **26)** Please give details of **when** **activities will take place.** | | | |
| **Day(s) of the week** | **Start / Finish times** | **Term time and/or holidays** | **Max capacity for children with SEND** |
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| **27)** How does your proposal **address the feedback from parents and carers** described on page 3 of the guidance notes? | **5 Points** |
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| **28)** How will you **improve the confidence of staff and volunteers** in working with children and young people with SEND? | **5 Points** |
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| **29)** **How will you** **collect** **feedback** on your projectfrom children and young people with SEND and their parents/carers? | **5 Points** |
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| **30)** How will you know the project has **been successful?** | **5 Points** |
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| **31) 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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| **32)** Please briefly explain how you will ensure **project delivery and** **activities are able to commence swiftly** if awarded a grant. |
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| **33) 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.* | |

**Safeguarding**

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| **34)** Does this activity involve working with adults at risk? | Yes: |  | No: |  |
| **35)** Are your staff/volunteers appropriately DBS (Disclosure & Barring Service) checked for the activities you provide? | Yes: |  | No: |  |
| *If you need advice around DBS checks please call Salford CVS on 0161 787 7795 or see:* [*https://www.salfordcvs.co.uk/dbs-checks*](https://www.salfordcvs.co.uk/dbs-checks) | | | | |

**Application checklist**

Before submitting your application, please ensure you have:

1. Completed all sections of this form
2. Completed the project budget (Excel spreadsheet)
3. Completed the Safeguarding Standards Self-Assessment
4. Created a sample listing on Eequ

**When submitting this form, please attach:**

|  |  |  |
| --- | --- | --- |
| **Project Budget**  *REQUIRED* | *Please tick to confirm budget is attached 🗸* |  |
| **Salford Safeguarding Standards Self-Assessment** *REQUIRED* | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy**  *REQUIRED* | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Adults policy**  *if applicable to project activities* | *Please tick to confirm policy is attached 🗸* |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Admin%20and%20Processes/Terms%20and%20conditions/SCVS_TandCs_Grants_and_Investments.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**](mailto:grants@salfordcvs.co.uk) or by post to Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN.

The closing date for applications is **12:00pm (noon) on Monday 3rd March 2025.**

Late applications will not be considered