**Application Form**

**Active East Salford Fund**

**Grants of up to £10,000**

Please refer to the question-by-question guidance on the Salford CVS website for support completing this form.

**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: |  |

*Organisations: one contact must be a senior member of staff.*

*Unincorporated associations: both contacts must be a member of your management committee.*

**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? (Maximum of *£400,000)* | £ |
| **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… |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |  |  |  |
| **9) If you answered No, to qu. 8,** are you interested in Salford CVS paying your first year’s LWF accreditation fees? |  |  |  |

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

|  |  |
| --- | --- |
| **10) Please tell us which policies you have in place:** | *Please check (X)* |
| 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 *(if applicable to project activities)* |  |

**Project summary**

|  |  |
| --- | --- |
| **11) Project Name:** |  |

|  |
| --- |
| **12)** Please summarise your **project idea** in 50 words.  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **13)** Approx **start date?** |  | **Finish date?** |  |

*All projects must be finished by the middle of May 2026 latest, however projects can finish anytime within the delivery period.*

|  |
| --- |
| **14)** Please provide a **full postcode/s** below that best identifies the location of your proposed project activity. If this isn’t possible, please give details below |
| *See page 5 of the guidance for the East Salford boundary for this fund.* |

**Now complete Part 2 of the Application Form**

**Application Form - Part 2**

**Getting East Salford Active Fund**

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

|  |  |
| --- | --- |
| **15)** **Organisation Name** |  |

**About the project**

|  |
| --- |
| **16)** Who in **East Salford** will benefitfrom the project? *For example, people from a particular community, people with shared cultures and / or religions, people of the same age; etc.*  |
|  |

|  |  |
| --- | --- |
| **17)** Tell us your project idea. *Please provide* ***full details, including what you plan to do, where and when*** *activities will take place,* ***who will deliver*** *the project; etc. (500 words max)* | **5 points** |
|  |

|  |  |
| --- | --- |
| **18)** Approximately **how many** **sessions** will be delivered with this grant? (If applicable) |  |

|  |  |
| --- | --- |
| **19)** Approximately **how many** **people** will benefit from your project? |  |

|  |  |
| --- | --- |
| **20)** Will you engage any residents from Broughton? If so, approximately **how many** **people?**  |  |

|  |  |
| --- | --- |
| **21)** Please explain what **barriers** the people you engage with in East Salford face when it comes to being physically active and how your project will help **break these down** and **encourage** people to **start moving more.** *Please include any evidence you have from residents – see application form guidance for support.* *(400 words max)* | **5 points** |
|  |

|  |  |
| --- | --- |
| **22)** Please explain how you will encourage people who would benefit from moving more to **get involved in your activity and how will you keep them engaged throughout your project?** *(400 words max)* | **5 points** |
|   |

**What difference will the project make?**

|  |  |
| --- | --- |
| **23)** How will you know whether your project has **been a success?** Please tell us the changes you expect your project to make **(outcomes)** and how you will measure and assess these.  | **5 points** |
| **Outcome 1** | **How measured or assessed**  |
| *For example, improved balance* | *For example - Before & after results on a balance exercise test; participant feedback, photos and videos.* [*Balance exercises - NHS*](https://www.nhs.uk/live-well/exercise/balance-exercises/) |
| **Outcome 2** | **How measured or assessed**  |
|  |  |
| **Outcome 3** | **How measured or assessed**  |
|  |  |

|  |
| --- |
| **24) Added social-value.** What other social, environmental or economic benefits will be delivered through your project? *(200 words max)* |
|  |

**About the money**

|  |  |
| --- | --- |
| **25)** Please give details of your project budget | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(Max of £5000 or £10,000 depending on your organisations turnover – please refer to guidance)* | £ |
| **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.** |

**Please enclose:**

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

**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?CID=51fca867-893b-1737-9b0d-ec64fe708524&xsdata=MDV8MDJ8fDk3ZGRlYTA2MGE5MjQxZWQ0ZWEzMDhkZDFhOTEyYWExfDI5ZTBiZDJiOGVjODQwYmZiMTg3ZDQ3NDZhMTkyMWE1fDB8MHw2Mzg2OTU5MzI5NDQyNzMwNTl8VW5rbm93bnxWR1ZoYlhOVFpXTjFjbWwwZVZObGNuWnBZMlY4ZXlKV0lqb2lNQzR3TGpBd01EQWlMQ0pRSWpvaVYybHVNeklpTENKQlRpSTZJazkwYUdWeUlpd2lWMVFpT2pFeGZRPT18MXxMMk5vWVhSekx6RTVPalF6TVRjd05XTXdMVE5pWkRRdE5HWm1PUzFoWlRZM0xUUmxPV1l5TW1JeE1tWTRaVjgyT1RBMU5tSTFaQzFoTkdNMExUUTRZVEF0T1RGa1lpMDFNVFJrTVdNMk5qVXhObUpBZFc1eExtZGliQzV6Y0dGalpYTXZiV1Z6YzJGblpYTXZNVGN6TXprNU5qUTVNalF3T1E9PXxhN2Q2MzFmNzU2M2U0ZGNmNGVhMzA4ZGQxYTkxMmFhMXw2YjQzZTA0ZTUwMmU0OTA5OWYwNDVjOGU5MmZlNGU3MA%3D%3D&sdata=M3NCcmpDRWN2M3Z3REFJYjh2elZUR29FcVQvV1lZNk5CaE9VNHFBdjZEcz0%3D&ovuser=29e0bd2b-8ec8-40bf-b187-d4746a1921a5%2CAshley.Chapman%40salfordcvs.co.uk&OR=Teams-HL&CT=1738683494285&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiI0OS8yNTAxMDYyMDQxMCIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ%3D%3D)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** by **12:00pm (midday) on Monday 24th March 2025**