**Application Form**

**Elevate Fund**

**2025 – Grants**

**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: |  |

*Both contacts should be staff or members of your board*

*At least one contact should be a board member or senior member of staff e.g. CEO*

**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 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 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 |  |

**Summary Project information**

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

|  |
| --- |
| **12)** Please describe your project proposal in 50 words |
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|  |  |  |  |
| --- | --- | --- | --- |
| **13)** Approx start date? |  | Finish date? |  |

Projects can start May 2025 and must be complete by 31st October 2025

|  |
| --- |
| **14) 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

|  |
| --- |
| **15)** 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* |
|  |

**About the project**

|  |  |
| --- | --- |
| **16)** Which priority group(s) will your project be focused on? | Please tick 🗸 |
| * **Carers**
 |  |
| * **Care Leavers**
 |  |
| * **Disabled people**
 |  |
| * **People in recovery**
 |  |
| * **People experiencing homelessness**
 |  |
| * **Ex-offenders and their families**
 |  |
| * **Victims of modern slavery, including refugees**
 |  |
| * **Victims of domestic abuse**
 |  |

|  |
| --- |
| **17)** Please describe in more detail **who in Salford** will benefit from this project *(50 words max)* |
|  |

|  |  |
| --- | --- |
| **18)** Please outline your organisation’s **track record** of improving employability outcomes for your chosen target group*(200 words max)* | **5 points** |
|  |

|  |  |
| --- | --- |
| **19a)** Project **inputs, outputs and outcomes***Proposals must aim to achieve* ***measurable improvements*** *in employability outputs / outcomes for the chosen priority group* | **10 points** |
| **Project input, output or outcome** | **Number of participants** |
| Input | 1. Number of participants who join your programme
 |  |
| Output | 1. Number of participants who complete a bespoke plan
 |  |
| Output | 1. Number of participants who complete at least one training course
 |  |
| Output | 1. Number of participants who complete a volunteering placement
 |  |
| Output | 1. Number of participants who complete a work placement (min 2 weeks)
 |  |
| Outcome | 1. Number of participants who successfully move into and complete an accredited training programme
 |  |
| Outcome | 1. Number of participants who secure paid work
 |  |

|  |  |
| --- | --- |
| **19b) Wider project outcomes** *Please describe any wider employability outcomes your project aims to deliver* | **5 points** |
| **Project outcome** | **How measured or assessed?** |
|  |  |
|  |  |
|  |  |
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| --- | --- |
| **20)** Please describe the **package of support** you plan to deliver to achieve these outputs and outcomes *(500 words max)**Use numbers where possible (e.g. number and duration of sessions)*  | **10 points** |
|  |
| **21)** Please describe how your **approach to delivery will** **meet the specific needs** of your chosen priority group*(200 words max)* | **10 points** |
|  |

|  |  |
| --- | --- |
| **22)** Please describe how you plan to **target and recruit participants** for your employability support project. Please reference any networks you plan to utilise *(200 words max)* | **10 points** |
|  |

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| --- | --- |
| **23) 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 etc.) (200 words max)* | **5 Points** |
|  |

|  |  |
| --- | --- |
| **24) 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 attach**

|  |  |  |
| --- | --- | --- |
| **Project Budget***(required for all applications)* | *Please tick to confirm budget is attached 🗸* |  |

|  |  |  |
| --- | --- | --- |
| **Safeguarding Adults policy***(required for all applications)* | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy***(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |

**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://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** by **12:00pm (noon) on Monday 7th April 2025**



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