**Application Form - Part 1**

**Healthy Holidays Fund 2025**

****

**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 or 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?  | £ |
| **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  |  |

**Project information**

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

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

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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

|  |
| --- |
| **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.* |
|  |

**Now complete Salford CVS Grant Application - Part 2**

**Application Form - Part 2**

**Healthy Holidays Fund 2025**

**15)** Please tick which option you are choosing:

|  |  |  |
| --- | --- | --- |
| **a)** Planning your own activities and preparing your own food  |  | **Answer Questions 18-22** |
| **b)** Planning your own activities and receiving free food from Citywide |  | **Go to Question 23** |

**Questions 17 - 21 – If you are providing your own food**

|  |
| --- |
| **16) Give examples of meals and snacks you plan to offer to children attending.** *These must be hot, healthy and nutritionally balanced.* |
|  |
| **Will you be buying food from a supplier? If yes, please give details.** |
|  |

|  |  |
| --- | --- |
| **17) Confirm you’ll provide a snack on arrival** *(please tick 🗸)* |  |

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| **18) Venue(s) for food preparation / cooking** *(include postcode)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Food Safety and Hygiene**  | **Yes** | **No** | **Details** |
| **19)** Is this venue registered with Salford City Council as a Food Business?  |  |  |  |
| **20)** Will food preparation be supervised by Food Hygiene Level 2 qualified staff or volunteers? |  |  |  |

**Questions 23– 36 - For all applicants**

**Programme requirements**

|  |  |  |
| --- | --- | --- |
| **21) Can your organisation meet these programme requirements?** | **Yes** | **No** |
| * Target 50% (min) of children attending eligible for Free School Meals without charge
 |  |  |
| * Have a designated safeguarding lead on activity site at all times
 |  |  |
| * All staff and volunteers on site have received training & are DBS checked
 |  |  |
| * Have a First Aider on site at all times
 |  |  |
| * Have access to first aid kit and defibrillator at all times
 |  |  |
| * Have emergency contact details for all children on site
 |  |  |
| * Have medication, food and allergy information on site
 |  |  |
| * Have detailed risk assessments signed off by senior staff
 |  |  |
| * Have information of activities and plans for parents/carers on site
 |  |  |
| * Have complaints information for parents/carers on site
 |  |  |
| * Provide 3 simple end of project reports within 2 weeks of your provision.
 |  |  |
| * Provide 3-5 hours of food/activities per day of project, between 10.00am – 3.00pm. **If No, give hrs/day below**
 |  |  |
|  |

**Salford City Council and Salford CVS will be completing support and assurance visits to all Healthy Holidays projects.**

You must be able to meet the programme requirements by the first day of your delivery.

For example: If you do not have a First Aider on site, provision must not go ahead.

**About your project**

|  |  |
| --- | --- |
| **22) Project Name:** |  |

|  |  |
| --- | --- |
| **23)** What will be the **ratio of staff / volunteers** to children? |  |
| **24)** **How many children** will your project have capacity to support each day? |  |

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| --- |
| **25) Venue(s) for project activities – this must be a Salford address.***(include postcode)* |
|  |

**26) How many days of activity will you deliver?**

If you wish to use Citywide food, there will be no deliveries on:

* Weekends
* Bank holidays
* Christmas Eve (Wednesday 24th December 2025)
* New Year’s Eve (Wednesday 31st December 2025)

**This funding is not to fund provision in any half term or break other than those below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Holiday** | **Dates when Citywide can provide food** | **Available from Citywide** | **Number of days provision with Citywide food** | **OR** | **Number of days provision preparing own food**  |
| **Spring** | Monday 7th April – Monday 21st April | **4 days maximum** |  |  |  |
| **Summer** | Monday 28th July – Friday 29th August | **16 days maximum** |  |  |
| **Winter** | 22, 23, 29 and 30 December 2025 | **2 days maximum** |  |  |
|  |
| **TOTAL:**  |  |  |  |

|  |
| --- |
| **27) Other Spring / Summer / Winter school holiday dates that you want to offer activities and food and explain why.****Dates must be in school holidays.**Please note: Citywide food is only available on the dates listed in Q28. Please list all dates. |
| **Spring** | **Summer** | **Winter** |
|  |  |  |
| **Links to school websites/diaries if applicable:** |
| **TOTAL:**  |  | **Days** |

|  |  |
| --- | --- |
| **28)** Describe the **face-to-face physical and ‘wider enrichment’ activities** you will be offering to children attending.  | **10 points** |
| **Physical activities** on offer *(e.g. sports, dancing, physical games & recreation etc.)* (100 words) |
|  |
| **‘Wider enrichment’ activities** on offer *(e.g. art and crafts, drama, stories, games, quizzes, awareness lessons including any nutritional education)* (100 words) |
|  |

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| --- |
| **29)** Using simple language please **describe the community that the project will benefit** **and how you know that there is need for holiday provision.** (100 words) |
|  |

|  |  |
| --- | --- |
| **30)** How will youpromote your project and engage **families most in need?** **How will you recruit families to your programme?** (100 words) | **5 points** |
|  |

|  |  |
| --- | --- |
| **31) 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 orgs? (100 words) | **5 points** |
|  |

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| --- |
| **32) IF APPLICABLE Learning from previous funding** If you have previously received Healthy Holidays funding, what will you do differently this time or how will you learn from previous delivery?*Note: this section is not to raise issues of level of funding or demand, but rather you and your staff and delivery.* (100 words) |
|  |

**About the money**

**10 points**

**33) Please provide a budget for your project below**

|  |  |  |
| --- | --- | --- |
| **Description of items** | **Breakdown of calculations** | **Amount requested** |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund?** *£10,000 max)* | **£** |
| **If applicable, please list any sources of match funding secured** |
| **Source(s) of match funding:** | **Amount(s)** |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **34) Is your organisation being supported by Salford Council’s Holiday Activities and Food (HAF) programme?** | Yes |  | No |  |

If Yes, you’ll need to evidence the additional dates / capacity provided.

**Please enclose: Please tick to confirm ✓**

|  |  |  |
| --- | --- | --- |
| **Safeguarding** **policies** | **Safeguarding Children policy** *required* |  |
| **Safeguarding Adults policy** *if working with vulnerable adults* |  |

|  |  |  |
| --- | --- | --- |
| **For food preparation / cooking projects only** | **Food hygiene rating certificate for venue** *if applicable* |  |
| **Food hygiene certificate for lead cook(s)** *if applicable* |  |

**Declaration**

We confirm all the information supplied in this application is correct, and we have read and understood the [Terms and Conditions](https://achievebst.salfordcvs.co.uk/sites/achievebst.salfordcvs.co.uk/files/Salford%20CVS%20T%26Cs%20for%20Grants%20%26%20Investments%2001_2023.docx) of grant aid and agree to adhere to these conditions

|  |  |
| --- | --- |
| **Name:** (signature not required) |  |
| **Role:** |  |
| **Date:** |  |

**Please return this form to:** **grants@salfordcvs.co.uk**inWORD format
**by 12:00 noon on Monday 10th March 2025.**