A black background with a black square

AI-generated content may be incorrect.A blue circle with a hand gesture and text

AI-generated content may be incorrect.Application Form - Part 1

A purple logo with text

AI-generated content may be incorrect.**Together We Create Fund**

**Small Grants Programme (up to £2,500)**

**Grants from £1,000 to £2,500 supporting creative projects across Salford’s communities to celebrate The Lowry’s 25thAnniversary supported the National Lottery Heritage Fund.**

Please refer to the guidance notes for

question-by-question 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: |  |

*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 *(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?** |  |

**Projects can start from 1st June 2025 and must be complete by 1st December 2025.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14)** Which **areas of Salford** will your project target?  *Please check (X) 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.* |
|  |

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

**Application Form - Part 2**

**Together We Create**

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

|  |  |
| --- | --- |
| **16)** **Organisation Name:** |  |

**About the project**

|  |  |
| --- | --- |
| **17)** What community arts activities do you currently deliver? What interest is there in your community in creative and cultural events?  What barriers are there that prevent you from delivering or your community engaging with creativity, arts, and culture more? *(250 words max, 150 words minimum)* | **5 points** |
|  | |

|  |  |
| --- | --- |
| **18)** Please provide **full details of the project,** including:  ***What*** *you plan to do;* ***where and when sessions*** *will take place;* ***who*** *will be delivering the project (e.g. staff/volunteers);* ***how*** *it will be promoted, etc. (350 words max)* | **10 points** |
|  | |

|  |  |
| --- | --- |
| **19)** Approximately **how many** **sessions or activities (for example workshops)** will be delivered with this grant? (If applicable) |  |

|  |  |
| --- | --- |
| **20)** Approximately **how many** **events** (**for example performances or community days)** will be delivered with this grant? (If applicable) |  |

**About your beneficiaries**

|  |
| --- |
| **21)** Please explain **who in Salford** will benefitfrom the project.  *For example, people who live in the same geographical area, people from a particular community, and/or people with shared hobbies or interest.*  *See page 2 of guidance for priority groups.* |
|  |

|  |  |
| --- | --- |
| **22)** Approximately **how many** **people** will benefit directly from the project?  This includes people who will be taking part, as well as estimated event attendees. |  |

**What difference will the project make?**

|  |  |
| --- | --- |
| **23)** How will the project **help Salford residents feel confident to express themselves creatively or engage with creative activity?**  How will the funding make a difference to your community?  *(200 words max)* | **10 points** |
|  | |

|  |
| --- |
| **24) What would your organisation contribute to a celebration event on 18th November?**  *How can you show the creative impact your project? E.g. a performance, display, exhibition of works created, video of activity…*  *(100 words max)* |
|  |

**Celebration events**

The Lowry wish to hold one initial meeting of all funded groups in Spring, and also a sharing and celebration event in November. Are you or a member of your team available to attend bring and share style celebration events on (please tick):

|  |  |
| --- | --- |
| **An evening w/c 2nd June 2025 at The Lowry** |  |
| **Tuesday 18th November 2025 at The Lowry** |  |

|  |  |
| --- | --- |
| **25) Added social-value.** What other social, environmental or economic benefits will be delivered through your project?  *(200 words max)* | **5 Points** |
|  | |

**About the money**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **26)** 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:** *(£2,500 max)* | | | | | £ |
| **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 |
| * **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://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023.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) by **12:00pm (midday) on Friday 4th April 2025.**