**Application Form**

Answer Cancer Fund

**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.*

**Payment details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **c) Bank Account details** – for payment of award (if successful) | | | | | | | | |
| **Account Name**  (must be an organisation) | | |  | | | | | |
| **Account Number** |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  | **-** |  |  | **-** |  |  |

**NB:** All applicants need to enclose a scan or photo of a recent bank statement or paying-in slip.

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| **OFFICE USE ONLY – AWARD APPROVED:** | **£** |

**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… | | | | | |
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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 **£12.00/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**

|  |  |
| --- | --- |
| **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 *(if applicable to project activities)* |  |

**About your project**

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| --- | --- |
| **10)** Organisation Name: |  |

|  |  |
| --- | --- |
| **11)** Project name: |  |

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| **12)** Please summarise your project idea in 50 words. |
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| --- | --- | --- | --- |
| **13)** Approx start date? |  | Finish date? |  |

**Please note all projects must take place between July 2025 – December 2025.**

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| **14) Which local authority area(s) is your activity located?**  (*Please tick all that apply)* ✓ | | | | |
| * Bolton |  |  | * Salford |  |
| * Bury |  |  | * Stockport |  |
| * Manchester |  |  | * Tameside |  |
| * Oldham |  |  | * Trafford |  |
| * Rochdale |  |  | * Wigan |  |

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| **15)** Please tell us the **cancer screening programme(s**) your project will focus on. Please note you can focus on more than one of the programmes.  ***Please tick (✓)*** | |
| * Breast cancer screening |  | |
| * Bowel cancer screening |  | |
| * Cervical cancer screening |  | |

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| **16)** Please provide **full details of the project,** including:   * What you plan to do * Where and when the project will take place * Who will be delivering the project (e.g. staff/volunteers) * How the project will be promoted *(200 words max)* | **5 points** |
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| **17)** How will the project **promote cancer screening and raise awareness of cancer?** | **10 points** |
| **a) Raise awareness of cancer** *(150 words max)* | |
|  | |
| **b) Promote cancer screening programmes** *(150 words max)* | |
|  | |

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| **18)** What populations will your activity be targeting? | |
| 1. White working age people |  |
| 1. White Gypsy, Roma or Irish Traveller |  |
| 1. Chinese |  |
| 1. Indian |  |
| 1. Arab |  |
| 1. Pakistani |  |
| 1. Bangladeshi |  |
| 1. African |  |
| Which groups will your activity be targeting? | |
| 1. Carers |  |
| 1. People with mental ill-health and illness |  |
| 1. LGBTQIA+ community |  |
| 1. People with learning, sensory and/or physical disabilities, Autism and/or Neurodiversity |  |
| 1. People experiencing homelessness |  |
| 1. People living in areas of deprivation |  |

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| **19)** How will you make sure you **engage with** and **meet the needs** of the **communities you plan to work with**? |
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|  |  |
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| **20)** Approximately **how many people** will your project engage on cancer awareness and screening? |  |

|  |
| --- |
| **21)** How will you **actively encourage** people to become Cancer Champions? |
|  |

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| --- | --- | --- |
| **22)** The Answer Cancer fund wants to increase communities’ knowledge of cancer and **increase the uptake of cancer screening**.How will you measure the outputs below? | | **10 points** |
| **Project Outputs** | **How measured or assessed**  (the methods/tools that will be used) | |
| * Number of unique individuals engaged on the topic of cancer screening programmes. |  | |
| * Number of unique individuals committing to go for a cancer screening. |  | |
| * Number of Cancer Champions recruited. |  | |

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| **23)** Please tell us of any other **methods** you will use to show that your project has made a difference *(150 words max)* | **5 points** |
| How might you evidence:   * raised awareness of cancer * raised awareness of cancer screening programmes * encouraged people to commit to attending screening appointments   *Please refer to the guidance notes (Pg10) for support with this answer* | |
|  | |

**About the money**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **24)** Please give details of your project budget | | | | | | | **10 Points** |
| Description of item | | Breakdown of calculations | | Item cost | | | Amount requested |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
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|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
|  | |  | | £ | | | £ |
| **Total cost of project** | | | | £ | | |  |
| **Total amount requested from this fund:** *(£4,000 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.** | | | | | | | |
| **25) Added social-value**  What other social, environmental or economic benefits will be delivered through your project? | | | |  | | | |
|  | | | | | | | |

**Please attach:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**  Yes or No |
| * **Articles of Association** |  |
| * **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 and Conditions**](https://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023.docx) 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 by **Monday 12th May 2025 at 12:00** 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