**Application Form**

**Digital Inclusion Fund 2025**

**Small Grants (£250 - £500)**

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: |  |

*The primary 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)* |  |

**About the project**

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

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

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

**Projects can start in early May and should complete by 31st October 2025**

|  |
| --- |
| **14)** Please tell us which of the following aspects your project will focus onSee guidance notes for further information. *Please tick all that apply (🗸)* |
| 1. Improve digital skills
 |  |
| 1. Support intergenerational learning
 |  |
| 1. Utilising innovative technologies
 |  |
| 1. Supporting wellbeing and inclusion
 |  |

|  |
| --- |
| **15)** **What digital technology** are you wanting to use in your activities?Please tick 🗸 |
| Large Digital Screen |  |  | Virtual Reality Headset |  |
| Chromebooks |  |  | Echo Show 5 |  |
| Tablets |  |  | Digital Video Camera |  |

|  |  |
| --- | --- |
| **16)** Approximately **how many** **sessions** will be delivered with this grant?  |  |

|  |
| --- |
| **17)** **Which Connect 15 centre** are you most likely to use? Please tick 🗸*See guidance notes for full address of each centre.* |
| Eccles Library |  |  | The Shed – Salford Foundation |  |
| The Hive Wellbeing Hub |  |  | The Women’s Centre – Salford Foundation |  |
| The Tatton |  |  | Salford Loaves and Fishes |  |
| Women with Wings |  |  |  |  |

|  |
| --- |
| **18)** Please provide **full details** of your project proposal, including **what** you plan to do, **when** you think activities will take place, **who** will deliver the project, and **how** it will be promoted *(350 words max)* |
|  |

**About your beneficiaries**

|  |
| --- |
| **19)** 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 interests* |
|  |

|  |  |
| --- | --- |
| **20)** Approximately **how many** **people** will benefit directly from the project? |  |

|  |
| --- |
| **21) Added social-value.** What other social, environmental or economic benefits might be delivered through your project? |
|  |

**About the money**

**22)** Please give details of your project budget

|  |  |  |
| --- | --- | --- |
|  Description of item | Breakdown of calculations | Amount requested |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
| **Total amount requested from this fund:** *(£500 max)* | £ |
| **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://www.salfordcvs.co.uk/sites/default/files/2025-02/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 (midday) on Wednesday 16th April 2025**