**Achieve Asset Fund 2024/25**

**Application Form**

**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: |  |

**Payment details**

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

If successful, you’ll need to supply 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? |  |  |  |
| **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 |  |

All information below will be shared with the assessment panel.

**About your project**

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

|  |
| --- |
| **12)** Please describe your project proposal in 50 words |
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| --- | --- | --- | --- |
| **13)** When will the project **start?**  |  | and **finish?** |  |

The earliest projects can commence is November 2024.
all projects will need to finish by the end of October 2025.

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| **14) Local authority area of project 🗸** | Please give details of where your **activity** will take place*(localities, venues etc.)* |
| Salford  |  |  |
| Trafford |  |  |

|  |
| --- |
| **15)** Which borough(s) will your **project beneficiaries** be recruited from? |
| Salford  |  |
| Trafford |  |

|  |  |
| --- | --- |
| **16)** The funding is specifically for projects that aim to support the recovery community. **Thinking of your provision to date, how would you describe your current delivery model?** | *Please tick one 🗸* |
| **a)** We are an established organisation which is **solely for people in recovery**  |  |
| **b)** We are an established organisation which serves all parts of the community **including people in recovery**  |  |
| **c)** We are an established organisation which has **not worked with people in recovery before** but we are confident that what we offer would be of positive benefit. |  |
| **d)** We are a new organisation and have **not developed any services** prior to this funding application. |  |

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| **17) Please give an overview of your interest and track record in supporting people in recovery** *(300 words max).* | **5 Points** |
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| **18) How have you involved / consulted members of the recovery community in the development of this project proposal?** *This could include staff members or volunteers with lived experience.**(250 words max).* | **5 Points** |
|  |

**About your project beneficiaries**

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| --- | --- |
| **19)** Please estimate the number **of people in recovery** this project will support. |  |
| **20)** Please estimate the number **of people in total** this project will support (i.e. the wider recovery community)  |  |

|  |  |
| --- | --- |
| **21) How do you propose to recruit beneficiaries for this project?** *(200 words max).* | **5 Points** |
|  |

**About the money**

|  |  |
| --- | --- |
| **22)** Please give details of your project budget | **10 Points** |
|  Description of item | Breakdown of calculations | Total Cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from the Asset Fund** *(max £15,000)* | £ |
| **If applicable, where is the rest of the money coming from?** |
| **Source of funding** | **Amount** | **Funding Secured?** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **Please retain all financial records.****Salford CVS retains the right to audit your project expenditure.** |

**Your project in detail**

|  |  |
| --- | --- |
| **23)** **Please give details of what will be delivered through this project** *(500 words max)* | **10 points** |
| *Please explain how you will use the money, what you plan to offer, who is delivering the activities, the frequency of activities, how it will be promoted etc.*  |
|  |

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| **24)** **How will this project practically assist people in their recovery?** *Please include how you will welcome and support new beneficiaries, as well as following up with those that might drop out of attending. (300 words max)* | **5 points** |
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|  |  |
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| **25)** How will your approach **challenge the stigma** of being in recovery from drug and/or alcohol addiction?(200 words max). | **5 Points** |
|  |

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| --- | --- |
| **26)** What might you measure or assess to determine the **outcomes** of your project against the [5 Ways to Wellbeing](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/)? | **10 points** |
| **Project Outcomes for beneficiaries** | **How measured or assessed?**  |
| **5 Ways to Wellbeing:*** Connect
* Be active
* Take notice
* Keep learning
* Give
 |  |
| **Other outcomes** | **How measured or assessed?** |
|  |  |

|  |  |
| --- | --- |
| **27) Added social-value** What other social, environmental or economic benefits will be delivered through your project?*(e.g. buying from local businesses, volunteer opportunities, enhanced greenspace, staff and/or volunteer training etc.)* | **5 Points** |
|  |

**Please attach**

|  |  |  |
| --- | --- | --- |
| **Articles of association / constitution** | *Please tick to confirm articles are attached 🗸* |  |
| **Safeguarding Adults policy** | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy***(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |

**Declaration**

We have read and understood the [**Terms & Conditions**](http://www.salfordcvs.co.uk/sites/salfordcvs.co.uk/files/Third_Sector_Fund_T_%26_Cs_2018.pdf)of grant aid & confirm to adhere to these conditions if our application is successful.

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

Please submit your application in WORD format to: **grants@salfordcvs.co.uk** **by 12:00 Monday 2nd September 2024**

Late applications will not be considered.