**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.

|  |  |
| --- | --- |
| **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… |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

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

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

|  |
| --- |
| **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 2024 – December 2024.**

|  |
| --- |
| **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
 |  |
| * Other (please give details below)
 |  |
|  |

|  |  |
| --- | --- |
| **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** |
|  |

|  |  |
| --- | --- |
| **17)** How will the project **raise awareness of cancer and promote cancer screening?**  | **10 points** |
| **a) Raise awareness of cancer** *(150 words max)* |
|  |
| **b) Promote cancer screening programmes** *(150 words max)* |
|  |

|  |
| --- |
| **18)** What community 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. Other (please state who)
 |  |

|  |
| --- |
| **19)** How will you make sure you **engage** and **meet the needs** of the **communities you plan to work with**? |
|  |

|  |  |
| --- | --- |
| **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? |
|  |

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

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **24)** 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:** *(£2,000 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 **12:00 noon, Wed 4th June 2024** to: grants@salfordcvs.co.uk or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN