**Greater Manchester**

**Shaping Care Fund 2024/25**

Capturing the Voice of Cared for Children & Care Experienced Young People in Greater Manchester’s Regional Care

Cooperative Pathfinder

**Expression of Interest Form**

Deadline for return: 12:00pm (midday) on Monday 15th July 2024

**Contact information**

**a) Lead Contact – for this proposal**

|  |  |
| --- | --- |
| 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 **£12.00/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)* |  |
| g) Safeguarding Children policy *(required)* |  |

**Project summary**

|  |  |
| --- | --- |
| **10) Project Name:** |  |

|  |
| --- |
| **11)** Please summarise your **proposal** in 50 words.  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12)** Approx **start date?** |  | **Finish date?** |  |

*Delivery can commence from 1st September 2024 and must be complete by 31st March 2025.*

|  |
| --- |
| **13) Which local authority area(s) will your proposed engagement activity cover?** (*Please tick* ✓*all that apply)*  |
| * Bolton
 |  |  | * Salford
 |  |
| * Bury
 |  |  | * Stockport
 |  |
| * Manchester
 |  |  | * Tameside
 |  |
| * Oldham
 |  |  | * Trafford
 |  |
| * Rochdale
 |  |  | * Wigan
 |  |

|  |  |
| --- | --- |
| **14) Please estimate how many Children and Young People your project will engage.** | Approximate number of CYP |
| * Cared for Children (up to age 16)
 |  |
| * Care Experienced Young People (up to age 25)
 |  |

|  |  |
| --- | --- |
| **15) Please estimate how much your proposal will cost to deliver?**  | £ |

|  |
| --- |
| **16)** Please provide an **overview of your proposal**.*Please explain your overall approach, and* ***what*** *you plan to do,* ***who*** *will lead the work and* ***how*** *you will make it accessible to Cared for Children and Young People. (400 words max)* |
|  |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**Yes or No |
| * **Copy of your Articles of Association** *(required)*
 |  |
| * **Safeguarding Children policy** *(required)*
 |  |
| * **Safeguarding Adults policy** *(if applicable to project)*
 |  |

**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 ultimately successful. I am authorised to submit this expression of interest 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 Monday 15th July 2024.**