Achieve Asset Fund 2021/22

**Application Form**

For grants of up to £15,000 to provide activities and support for people in recovery from drug and alcohol addiction

**About your organisation**

|  |  |
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| **1)** Organisation Name: |  |

Please provide full contact details for 2 members of your organisation

**2) Lead Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address(inc. postcode) |  |

**3) Secondary Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address(inc. postcode) |  |

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| **4)** What is your organisations annual turnover? *(£1.5m max)*  | £ |

Please note: all the information below will be shared with the Assessment Panel

**About your organisation**

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| **5)** Organisation Name: |  |

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| **6) What type of organisation are you?***(tick all that apply)* | ✓ |  |
| Unincorporated Association |  | Organisation Number |
| Company Limited by Guarantee |  |  |
| Registered Charity |  |  |
| Charitable Incorporated Organisation |  |  |
| Community Interest Company  |  |  |
| Community Benefit Society  |  |  |
| Cooperative Society |  |  |
| Other (please specify) |  |  |

Your organisation’s policies, procedures and insurance

|  |  |  |  |
| --- | --- | --- | --- |
| **7) Please tell us which policies you have in place** *Please tick 🗸* | We have this in place | We need to develop this | Not applicable |
| **a) Health and Safety policy** |  |  |  |
| **b) Equality/Diversity Statement or Policy** |  |  |  |
| **c) Public Liability Insurance***(Cost can be included in budget)* |  |  |  |
| **d) Risk assessments (inc Covid-19 precautions)**  |  |  |  |
| **e) Safeguarding Adults policy**  |  |  |  |
| **f) Safeguarding Children policy***(if applicable to project activities)* |  |  |  |

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| **8)** The funding is specifically for projects who aim to support the recovery community. **Thinking of your provision to date, how would you describe your current delivery model?** *Please tick 🗸* |
| **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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| **9a) Please give an overview of your interest and track record in supporting people in recovery** *(200 words max).* | **5 Points** |
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| **9b) 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.**(200 words max).* | **5 Points** |
|  |

**About your project beneficiaries**

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| --- | --- |
| **10a)** Please estimate the number **of unique individuals in recovery** this project will support. |  |
| **10b)** Please estimate the number **of unique individuals in total** this project will support (i.e. including wider beneficiaries)  |  |

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| **11) How do you propose to recruit beneficiaries for this project?** (300 words max). | **5 Points** |
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**About your project**

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| **12) Project Name**: |  |

|  |
| --- |
| **13)** **Please describe your project in 50 words** |
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| **14a) Local authority area of project 🗸** | **14b) Please give details of where your activity will take place** *(localities, venues etc)* |
| Bolton  |  |  |
| Salford  |  |  |
| Trafford |  |  |

|  |  |
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| **15)** **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’s delivering the activities, the frequency of activities, how it will be promoted etc.*  |
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| **16)** **How will this project practically support your beneficiaries 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)* | **10 points** |
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| **17)** 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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| **18)** When will the project **start?**  |  | and **finish?** |  |

Realistically, the earliest that funded projects can commence is January 2022 and must be completed by the end of November 2022

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| **19)** What might you measure or assess to determine the **outcomes and impact** 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?** |
|  |  |

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| **Maximising the benefits for GM**We expect all projects to help contribute towards making Greater Manchester a better place for all. | GMSV logo |

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| **20) Paying the Living Wage – if you employ staff** | **Yes:** | **No:** | **N/A:** |
| **If you employ staff,** do you pay all your staff the at the Living Wage Foundation’s minimum rate of £9.50/hour? |  |  |  |
| **If you employ staff,** is your organisation registered with Living Wage Foundation as a Living Wage Employer? |  |  |  |
| For details see: <https://www.livingwage.org.uk/become-a-living-wage-employer>  |

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| **21) Supporting local businesses and VCSE sector organisations** In delivering your project how will you prioritise buying of goods and services from local independent businesses / VCSE sector orgs? | **5 Points** |
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| **22) Added social-value** What other social, environmental or economic benefits will be delivered through your project? *(e.g. volunteer opportunities, enhanced greenspace, training etc.)* | **5 Points** |
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**About the money**

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| **23)** 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:** *(£15,000 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.** |

**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** req): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document to: **grants@salfordcvs.co.uk** or by post by **12:00 noon on Mon 15th November** to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN