Greater Manchester Walking and Wheeling Fund

**Application Form**

Small grants programme (apply for up to £2,000)

**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: |  |

**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… | | | | | |
|  | | | | | |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **7) 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)* |  |

*Please note, all the information below will be shared with the assessment panel.*

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| **8)** Organisation name: |  |

**About the project**

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| **9) Project name** |
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| **10)** Please tell us the **area/s of Greater Manchester** you will be working in to deliver this project. *Please check (🗶)* | | | | | |
| Rochdale |  | Oldham |  | Trafford |  |
| Bolton |  | Salford |  | Wigan |  |
| Bury |  | Stockport |  | All of Greater Manchester |  |
| Manchester |  | Tameside / Glossop |  |

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| **11)** When will the project **start?** |  | and **finish?** |  |

*Activities must be complete by 31 March 2024*

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| **12)** Please provide the **practical details** of the project.  *What will happen, when, where, and with who? Who will deliver the project (staff and/or volunteers)?* (300 words max) | **10 points** |
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| **13) How many** **people** who are usually less active or inactive do you expect will walk more as a result of the project? |  |

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| --- | --- | --- | --- |
| **14) Do you plan to actively engage people from any of the following groups?** *If ‘other’ please provide more detail about what they have in common, for example where they live or their shared life experiences.*  *Please check (x)* | | | |
| People from a Black, Asian or minority ethnic community |  | Older people |  | |
| Lesbian, gay, bisexual or trans |  | Young people (aged 0-25) |  | |
| People with disabilities / long term health conditions |  | People on low / no income |  | |
| Women |  | No specific group |  | |
| Other – please describe |  | | | |

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| **15) Will your project involve children or vulnerable adults?** *Please check (🗶)* | Yes |  | No |  |

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| **16)** How do you know the project is **wanted and needed** by the people you plan to involve? *Please provide any evidence you have, for example feedback from the people you currently or intend to work with* (150 words max) | **10 points** |
|  | |

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| **17)** How will you **encourage people** who are usually less active or inactive to walk regularly? *Please explain how you will promote the project and ensure participants* *remain engaged over autumn/winter*.  *(150 words max)* | **10 points** |
|  | |

**About the money**

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| --- | --- | --- | --- | --- | --- |
| **18)** 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.** | | | | | |

**Please note:**

All organisations are encouraged to sign up to the **GM Walking newsletter,** to keep up to date with upcoming opportunities including training and events.

To do this visit: <https://gmwalking.co.uk/>

**Important – please attach alongside your application:**

**✓ Constitution**

If you are an unincorporated association (community group) and not a member of Salford CVS, please submit a copy of your constitution with your application.

**✓ Bank statement or paying in slip**

If your organisation has not received a grant from Salford CVS in the last 12 months, submit a photo or scan of a bank statement or paying-in slip with your application.

**✓ Safeguarding policy**

If you plan to work with children and/or vulnerable adults, please submit a copy of the relevant safeguarding policy with your application.

**Please confirm:**

Your application form (including your contact details) may be shared with our Greater Manchester system partners (e.g. walking teams at local councils) to inform them of the projects funded in their areas and, in the event your application is unsuccessful, attempting to locate other sources of funding you may be eligible for. Your data would only be used for these purposes.

|  |  |
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| Please check (x) to confirm your organisation gives permission for GM Moving to share your application and contact details with partners. |  |

If your application is successful, GM Moving may want to share basic details of your project online.

|  |  |
| --- | --- |
| Please check (x) to confirm your organisation gives permission for GM Moving to share basic details of your project online. |  |

**Declaration**

We have read and understood the [**Terms & Conditions**](https://10gm.org.uk/assets/files/GM-WalkingFund2023TermsandConditions.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**](mailto:grants@salfordcvs.co.uk)