**Greater Manchester**

**Cancer & Inequalities Fund**

**Round 3**

Understanding how charities, CIC’s and social enterprise organisations

can help improve early cancer diagnosis rates in underserved communities across Greater Manchester.

**Expression of Interest Form**

**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.*

**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 (P)* |
| 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**

|  |  |
| --- | --- |
| **8) Please tell us which fund category(ies) you are planning on working on.***You can tick one or more.*  | *Please tick (P)* |
| 1)Working with health inclusion groups to support the early diagnosis of cancer.  |  |
| 2) Partnership work with a Primary Care Network (PCN) and / or local GP practice to help improve early cancer diagnosis rates.  |  |
| 3) Faith-based organisation exploring ways to improve diagnosis rates |  |
| 4) Use creative and innovative ideas to raise awareness of early diagnosis, gain an understanding of barriers and ways to overcome these |  |

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

|  |
| --- |
| **10)** What **underserved community(s)** will your project be working with? Please tick P |
| * People from lower socio-economic groups
 |  |
| * People with learning disabilities , Autism and Neurodiversity
 |  |
| * People with sensory and/or physical disabilities
 |  |
| * People with mental ill-health & illness
 |  |
| * Racially marginalised communities
 |  |
| * LGBTQ+ community
 |  |
| * Older people
 |  |
| * Men
 |  |
| * Health inclusion groups (see fund category 1 in the guidance)
 |  |

|  |
| --- |
| **11)** Please provide details of your **project proposal.***Please explain* ***who*** *you plan to work with,* ***what*** *you plan to do,* ***where****,* ***when******who*** *will lead the work and* ***who/how*** *you will work with a PCN / local GP / healthcare professional. (500 words max)* |
|  |

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

*Delivery can commence from January 2025 and must be complete by September 2025.*

|  |  |
| --- | --- |
| **13) Please estimate how much your proposal will cost to deliver?**  | £ |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**Yes or No |
| * **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 Thursday 24th October 2024.**