Application Form

GM Walking & Wheeling Fund Medium – 2024

# a) Lead Contact – for this project

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| --- | --- |
| Name: |  |
| Role: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

# b) Secondary Contact

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| --- | --- |
| Name: |  |
| Role: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

**One contact must be either a member of your management committee (for Unincorporated Associations) or a senior member of staff.**

# About your organisation

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| **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, X (Twitter), Instagram, LinkedIn… |
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# Your organisation’s policies, procedures and insurance

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| **7) Please tell us which policies you have in place** *(you are required to send your* ***safeguarding policy*** *with your application if you are planning on working with children and/ or vulnerable adults)* | *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)** When will the project **start?** |  | and **finish?** |  |

**Activities must be complete by end of March 2025.**

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| **11)** Please tell us the **area/s of Greater Manchester** you will be working in to deliver this project. *Please check (x)* |
| Rochdale |  | Oldham |  | Trafford  |  |
| Bolton |  | Salford |  | Wigan |  |
| Bury |  | Stockport |  | All of Greater Manchester |  |
| Manchester |  | Tameside / Glossop |  |

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| **12) 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)* |
| Culturally-diverse communities |  | Adults aged 55+ |  |
| People on a low/no income  |  | Young people (aged 0-25) |  |
| People with disabilities / long term health conditions  |  | Lesbian, gay, bisexual or trans people |  |
| Women |  | No specific group |  |
| Other – please describe  |  |

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| **13) Will your project involve children or adults at risk?** *Please check (*x*). You are required to send any relevant* ***safeguarding policies*** *with your application if you are planning on working with children and / or adults at risk of harm.* | Yes |  | No  |  |

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| **14)** All projects must support and encourage people who are likely to be less active or inactive to walk or wheel regularly. **Please check (x)**which additional objective(s) your project plans to address.  |
| 1. Recruit and train [Walking and Wheeling champions](https://gmwalking.co.uk/wp-content/uploads/2020/06/GMWalking_What_does_a_Walking_Champion_do.pdf) who will act as advocates encouraging their community to walk or wheel regularly.
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| 1. Improve the health and wellbeing of communities, reduce social isolation and increase community cohesion.
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| 1. Build knowledge, capacity and confidence of local walking and wheeling volunteers, champions and advocates.
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| 1. Work with communities to understand and overcome local barriers to walking and wheeling so that these can be embedded into daily routines.
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| 1. Work with schools, faith centres, workplaces and other community destinations to help them develop and implement plans that encourage active travel.
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| 1. Make community-led environmental improvements which enable and encourage more walking and wheeling.
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| **15)** Please provide the **practical details** of the project. *What will happen, when, where, the frequency and with who? Who will deliver the project (staff and/or volunteers)?* (400 words max) | **10 points** |
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| **16) How many** **people** who are usually less active or inactive do you expect will walk or wheel more as a result of the project? |  |

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| **17) How many walking & wheeling** **sessions** do you plan to deliver throughout the lifetime of your project?  |  |

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| **18)** 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* (200 words max) | **10 points** |
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| **19)** 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.* (200 words max) | **10 points** |
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| **20)** What will you do to encourage people to **continue walking regularly** **in the long-term?** (150 word max) | **10 points** |
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# About the money

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| **21)** Please give details of your **project budget.** Refer to the guidance for an **example budget**. | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(£5,000 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://www.gmmoving.co.uk/newsletters/>

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

**✓ Governing document**

If you are an Unincorporated Association (community group) please submit a copy of your governing document 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 policies**

If you plan to work with children and/or adults at risk, please submit a copy of the relevant safeguarding policies 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.

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| 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://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FGrantsDocuments%2FShared%20Documents%2FGrants%202024%2D25%2FGM%20Walking%20and%20Wheeling%20Fund%2FResources%2FGM%20Walking%20Fund%202024%20Terms%20and%20Conditions%2Epdf&viewid=0f0d3316%2Dc179%2D452e%2Da96f%2Dbd92aeec3918&parent=%2Fsites%2FGrantsDocuments%2FShared%20Documents%2FGrants%202024%2D25%2FGM%20Walking%20and%20Wheeling%20Fund%2FResources)of grant aid & confirm to adhere to these conditions if our application is successful.

|  |  |
| --- | --- |
| Name (signature **not** required): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document to **grants@salfordcvs.co.uk**