Cancer & Inequalities Fund – Round 2

**Application Form**

Grants of up to £5,000 for VCSE organisations to   
help increase early cancer diagnosis rates in Greater Manchester

**Contact information**

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

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

**b) Secondary Contact**

|  |  |
| --- | --- |
| Name: |  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |
| Address  (inc. 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**

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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, 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:** | *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***

**About the project**

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| **8) Project name** |
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| **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 | |  | |

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| **10)** Please tell us the cancer(s) your project will focus on. ***Please note you can focus on more than one of the cancers. Please check (x)*** | | | |
| Upper GI |  | Lung |  |
| Lower GI |  | Breast |  |
| Urology |  | Gynae  (Ovarian) |  |
| Head & Neck |  |

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| **11)** What **underserved community(s)** will your project be working with? Please tick 🗸 | |
| * 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 |  |

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| **12)** Please estimate the number of **individuals** that you’ll directly engage with through this project. |  |

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| **13)** Please indicate the **timeframe** for this project | **Start:** |  | **Finish:** |  |
| The earliest that projects can start is May 2024 & latest they can finish is December 2024 | | | | |

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| **14)** How would you describe the focus of your project activity? You can select more than one.  *Please see the guidance notes for further information* | Please tick  🗸 |
| * Targeted signs and symptoms awareness |  |
| * Improving access to appropriate, effective and timely healthcare |  |
| * Educate and empower communities |  |

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| **15)** Please tell us your **project idea.**  *In your answer please explain the practical details of the project including* *what will happen, when, where, the frequency and with who? Who will deliver the project (staff and/or volunteers)?* (400 words max) | | **10 points** |
|  | | |
| **16)** How will you make sure you **engage** and **meet the needs** of the **communities you plan to work with**?  *Consider things like venue, whether your activity is culturally appropriate, who is delivering your project, what language will your project be delivered in ; etc.* | **10 points** | |
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| **17)** Please tell us how your organisation has a track record of **delivering health and engagement activities** and / or is **well embedded and understood by your projects target community**. |
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| **18)** How will your project **link in** with and work with the **wider health and care systems** (including GPs)? | **10 Points** |
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| **19)** We know that people from **underserved communities** are **less likely** to receive an **early cancer diagnosis** compared to others but we want to understand the reasons why this is. How will you **collect** and **present** this information?  *Think about how you will collect information on things such as people’s current knowledge on early signs and symptoms of cancer, opinions and views on current cancer resources e.g. awareness leaflets, cancer campaigns, barriers people identified when accessing health care systems.* |
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| **20) How will you know if your project has been a success?** Please outline what you hope to achieve (outcomes) and how you will measure or assess these *(see guidance notes for further info).* | | **5 points** |
| **Project Outcomes** | **How measured or assessed** | |
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| **21)** How do you plan to **share the learning** from this project with the wider health care system and wider community?  *This may be through case studies, videos, storytelling, blogs; etc* | **5 Points** |
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| **22)** How will you try to continue promoting early cancer diagnosis after the funding comes to end? |
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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 | | Full 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 attach**

**Required for all applications**

|  |  |  |
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| **Signed copy of your articles of association** | *Please tick to confirm articles are attached 🗸* |  |

**Only if applicable to your project** (i.e. involving vulnerable adults or children)

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| --- | --- | --- |
| **Safeguarding Adults policy** | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy** | *Please tick to confirm policy is attached 🗸* |  |

**Declaration**

All the information provided above is correct and we have authority to submit this application on behalf of our group / organisation.

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

Please submit this document by **12.00 noon on Monday 25th March 2024** to: [grants@salfordcvs.co.uk](mailto:grants@salfordcvs.co.uk) or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN