**YLG /**

**Youth Led Grants Application Form**

Make sure you have read the Guidelines for Applicants before you complete this application.

Please write / type clearly in black or blue ink.

**Please answer every question**. Where the question is not appropriate to your organisation or project, please write Not Applicable (N/A)

 *For Office Use Only:*

*Reference number.....................* *Date of receipt.........................*

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| **Section 1 - General Information** |
| **Name of organisation** |   |
| **Address of your organisation** |  Post Code:  |
| **Contact person’s name & position in the organisation** |   |
| **Address of contact person responsible for the project** | Post Code:  |
| **Contact details of person responsible for the project** | Home: Mobile: Other:E-mail address: |
| **If you / members of your group are aged 18 and under, please provide the contact details of a responsible adult linked to your group** | Home: Mobile: Other:E-mail address: |
| **Are you a part of a wider organisation/affiliated to any National Governing Body?**  **Yes** **[ ]  No** **[ ]** *If yes please state which organisation/body*…………………………………………………… |
| **Please describe your organisation type** | **Charity number** *(if applicable) …………………………***Company number** *(if applicable)* ………………………….  |
| **Is membership of your organisation and the project open to anyone who wants to join?** **Yes [ ]  No [ ]** **If No please explain why?** |

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| **How many paid staff do you employ?**  | Full time:       Part time:       |
| **How many volunteers do you have?** | Volunteers:       |

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| **Is your Organisation registered for V.A.T.?** | Yes [ ]  No [ ] *If yes; you will be expected to reclaim V.A.T. on your project and any grant paid will exclude the V.A.T. element*  |

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| **Section 2 - Tell us about your Organisation / Group:*****Please continue on a separate sheet, if needed.*** ***Please attach a copy of your organisation/group’s constitution****.* |
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| **Section 3 – About your Project** |
| **Tell us about your project:***(The Purpose of the grant is to get young people involved in volunteering in their communities, and projects which contribute towards at least one of the seven Well-being of Future Generations Act (2015) goals*. *Please describe how your project will meet this aim and how young people will play a leading role within the project) \*\*****Please continue on a separate sheet if needed.*** |
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**How many NEW Volunteering Opportunities will you create for 14 -25 year olds?**

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| **Section 4 - What is the money for?**  **(please provide a full breakdown)** |
| **Item** | **Cost****£** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total Project Costs** | £ |

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| **Will you be raising / acquiring funds from other sources (please tick)** |  Yes [ ]  No [ ]  |
| **If yes, how much?*****\*\*Please provide two written quotes or estimates from any supplier*** |  |

**Which of the following Well-being of Future Generations Act (2015) goals do you think your project will cover? *(please tick as many as appropriate)***

A Prosperous Wales **[ ]**

A Resilient Wales **[ ]**

A More Equal Wales **[ ]**

A Healthier Wales **[ ]**

A Wales of Cohesive Communities **[ ]**

A Wales of Vibrant Culture and Thriving Welsh Language **[ ]**

A Globally Responsible Wales **[ ]**

**What evidence will you provide to show that your project was successful?**

Pictures **[ ]** Site / Project visit by Panel **[ ]**

Video  **[ ]** Project Updates **[ ]**

**Other (please state)**

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| **Section 5 - Project Check List** |
| ***Please ensure*** the following documents have been included as part of your application**[ ]  A completed copy of the application form signed by two members of the group** **[ ]  Copy of organisation constitution** **[ ]  A copy of your groups/supporting organisation’s bank statement****[ ]  A minimum of two written quotes or estimates from any suppliers** **[ ]  Numbers and names of individuals taking part in any activity funded** **[ ]  New groups must enclose a list of names of officers and members of the group’s** **committee (if relevant)** |

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| **Bank Details**Account Name: Bank name & Address: Sort Code: Account No. I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction:……………………………………………………………………………………………………Names of authorised signatories: 1. ……………………………………………….  2. ………………………………………………. |

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| **To be completed by a representative of the organisation/group:****I confirm that all the information on this form is true and correct.**

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| **Representative’s name****:**  | **Position:**  |
| **Phone No.:**  | **E-mail:**  |
| **Signature:**  | **Date:**  |

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| **Section 6 – Guidance Notes / Terms and Conditions** |

**Please read carefully**

* Please refer to the ‘Youth Led Grants’ Guidelines and Notes for Applicants before completing this application form
* Ensure you are authorised to complete the application on behalf of the group / organisation.
* Ensure all information submitted in this application is accurate. Community & Voluntary Support Conwy will be informed if there are any changes to this application or any change in circumstances affecting the project for which a grant has been sought.
* Ensure the project for which the grant has been sought falls within the objectives of the organisation.
* The grant will only be used for the purpose set out in the application
* Any grant awarded will not be increased in the event of an overspend on the project.
* Applicants should note that the award must be acknowledged as a Community & Voluntary Support Conwy and Wales Council for Voluntary Action (WCVA) grant, and must comply with any reasonable requests relating to publicity.
* Any organisation awarded a grant from the Youth Led Grants shall be subject to monitoring procedures laid down by Community & Voluntary Support Conwy in consultation with Wales Council for Voluntary Action (WCVA) (which could involve site visits and the collection of statistics.)
* **The applicant will send in a simple** **Project Completion Report by 31st March 2022**.

**DATA PROTECTION AND AUTHORISATION OF USE**

Community and Voluntary Support Conwy (CVSC) operating on behalf of Youth led Grants Fund, will use your personal information in order to process your funding application, and will be entered on a database utilised by CVSC and its Third Sector Support Wales partners (further information and our privacy notice are available from thirdsectorsupport.wales) . The information will be held for the length of the Youth Led project and then destroyed securely

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| **Please return completed Application Form and supporting documents** **by 11th June 2021 to:**grants@cvsc.org.uk**Grants Team****CVSC****7 Rhiw Road****Colwyn Bay****Conwy****LL29 7TG****For further help or advice please contact:****01492 523856 / 523848, email**: grants@cvsc.org.uk |