**Youth Led Grants Application Form**

If you would like any help with your application, please contact the grants team:

* Email: grants@cvsc.org.uk / josephinehastings@cvsc.org.uk
* Phone: 01492 523945 / 01492 523847

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

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| **Section 1: Tell Us About You:** |
| **Section 1a: Details of the person responsible for the project** |
| **Applicant Details:** | **Additional Contact Person from your Group** *(please complete this section if you, the applicant, are under the age of 18):* |
| Name: Position in the Group:Phone Number:E-mail: | Name: Position in the Group:Phone Number:E-mail: |
| **Section 1b: About your Group** |
| Name:  |  |
| Address:  | Post Code: |
| What kind of work does your group do? |  |
| Is membership of your group and the project open to anyone who wants to join? Yes [ ]  No [ ]  If no, please explain why not: |
| How many volunteers do you have? | Volunteers:       |
| Is your group 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 Project:** |
| ***This section may be completed in the written format below. Alternatively, y*ou *may complete section 2 of their application by video / audio (see section 2d).*** |
| **Section 2a: General Information** |
| Project Title:*(Please state whether you are applying for a 6-month project or an extended project).* |  |
| Start Date: |  |
| End Date: |  |
| **Section 2b: Project Description** |
| What are you going to do?  |  |
| Who are you working with? |  |
| How will young people be involved in the project? |  |
| How many young volunteers (aged 14-25) will be involved with the project? |  |
| How many new volunteering opportunities will the project create for 14–25-year-olds?  |  |
| What evidence will you provide to show that your project was successful? *(Please tick all that apply. You must tick at least one).* | [ ]  Photos[ ]  Videos[ ]  Project visit by panel[ ]  Project update to grants team (via e-mail or telephone)[ ]  Other (please state)……………………………………………………………. |
| **Section 2c: The Wellbeing of Future Generations Act** |
| Which of the following Well-being of Future Generations Act (2015) goals do you think your project will cover? *(Please tick all that apply. You must tick at least one).*For further information about these goals, please visit:[Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales](https://www.futuregenerations.wales/about-us/future-generations-act/) | [ ]  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 |
| **Section 2d: Video / Audio Application Checklist** |
| ***If you are submitting section 2 of your application by video / audio, please refer to the following guidance:*** |
| [ ]  Please make sure your video answers every question in sections 2a-2d.[ ]  Please make sure to include the name of the organisation in your submission.The video may be submitted to CVSC via e-mail (grants@cvsc.org.uk) or WhatsApp message (07942 278001). |
| **Please tick here to indicate that you have obtained permission from everyone in the video for it to be used in this application.**[ ]  I have permission. | **Please tick here to indicate that you have obtained permission from a parent / guardian of everyone under 18 in the video for it to be used in this application.**[ ]  I have permission. |

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| **Section 3: Financial Details** |
| **Section 3a: What is the Money For?**  *(Please provide a full breakdown)* |
| **Item** | **Cost £** | **V.A.T. (if relevant) £** | **Total £** |
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| Total project costs **£** |  |  |  |
| Money raised / acquired from other sources for the project *(please name the source)* **£** |  |  |  |
| Amount requested from Conwy Youth Led Grant (Maximum £1500 per year) **£** |  |  |  |
| \*\*Please provide two written quotes or estimates from any suppliers\*\* |
| **Section 3b: Bank Details for the Group***(This is the account that the grant monies would be paid into).* |
| Account Name:  |  |
| Bank name & Address:  |  |
| Sort Code: |  |
| Account Number: |  |
| I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction:***Please sign****. …………………………………………………………………………………………………….* |
| Names of Authorised Signatories: | 1.2. |

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| **Section 4: Check Before you Submit!** |
| **Please make sure that your application includes the following documents:**[ ]  A completed application form, with every question answered.[ ]  Your organisation’s constitution / set of rules.[ ]  A recent bank statement (from the past 3 months) of your organisation / supporting organisation.[ ]  2 written quotes / estimates from suppliers.[ ]  Numbers and names of individuals taking part in the project.[ ]  A list of names of officers and members of your organisation’s committee *(for new groups only).*[ ]  Any photos / mind maps relating to the project *(not essential).***Most importantly:**[ ]  Is your project led by young people, aged 14-25?[ ]  Is the idea for the project from a young person (aged 14-25)? |

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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 in the Group:  |
| Phone Number:  | E-mail:  |
| Signature: **Please sign.**.…………………………………………… | Date:  |

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| **Section 5: 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 (CVSC) 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 (which could involve site visits and the collection of statistics.)
* **The applicant will send in a simple** **Project Completion Report by 31st March 2024**. If you are completing an extended project, a second project completion report will be required by 28th February 2025.

**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 Grant project and then destroyed securely. |

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| **All Done?**Please return the completed application form and supporting documents by 17th July 2023 to:grants@cvsc.org.uk**Grants Team, CVSC, 7 Rhiw Road, Colwyn Bay, Conwy, LL29 7TG****For further help or advice please contact:****01492 523847 or email**: josephinehastings@cvsc.org.uk |