

# Free Cash!

Turn your ideas into actions

Send to: Children and Young People's Rights Office  
1B North Wing  
County Hall  
Haverfordwest  
SA61 1TP

Email: [rose.davis@pembrokeshire.gov.uk](mailto:rose.davis@pembrokeshire.gov.uk)



## Grant Application Form 2017/18

### Section A - Details

Name of group / organisation	
Name of young person completing form	

#### How can we contact you?

Group contact address		
	Postcode	

Email	
Telephone / text	

### NOTES

#### Section A

We will need to contact you to let you know if your application is successful. We might also need to speak to you to find out more information.



### Contact details of a responsible adult linked to your group (over 18 years old)

Name of adult		
Contact address of adult		
	Postcode	

Email	
Telephone / text	



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

You must have a responsible adult linked to the group who can support you with paying for things and help you when you need it.

#### For office use only

Application number: \_\_\_\_\_ Date received: \_\_\_\_\_  
Decision made: Yes  No  Amount given: £ \_\_\_\_\_  
Date cheque sent: \_\_\_\_\_ Visit Date: \_\_\_\_\_



## Section B – about your project

Tell us about yourself / group / organisation

Tell us what you do as a group and why are you working together

What is your project idea?

Tell us what you are going to do

Who will benefit from the project?

Tell us who will get the most out of your project and how

Why do you need funding?

Tell us what difference the money will make to your project

When and where do you plan to do the project?

Give us a rough idea about when the project will start

Have you ever applied to YouthBank before?      Yes       No

If yes... do you know what your application number was \_\_\_\_ - \_\_\_\_ / \_\_\_\_

Your application number would look like this:  
01-02/16

Young person's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

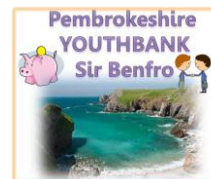
Adult's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**By signing you are promising that the money will be used for what you've said and that you'll give us proof of this.**

## Section C – Group details

Who is involved in your group? (Please use separate sheet if required)



NOTES: Please fill in the information for everyone in the group. Use the ethnicity codes and the Welsh speaker codes to give us all the information. i.e. put 4 in the box if you are White Welsh

Name	Address	Postcode	Date of Birth	Male / Female	Ethnicity (see codes)	Welsh Speaker (see codes)

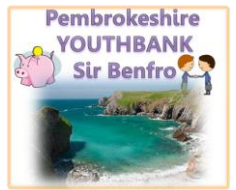
Ethnicity Codes									
1	White British	5	White Irish	9	White & Black African	13	Indian	17	Black Caribbean
2	White English	6	White Other	10	White & Black Caribbean	14	Asian Other	18	Black Other
3	White Scottish	7	Gypsy / Roma	11	Mixed Other	15	Black British	19	Chinese
4	White Welsh	8	White & Asian	12	Bangladeshi	16	Black African	20	Any other Ethnic group

Welsh speaker code			
1	Fluent	2	Some Knowledge
3	Little Knowledge	4	No Knowledge

**Section D - Tell us how your project fits our criteria**

NOTES: Please explain how your project fits into the following criteria, be as detailed and give as much information as you can as this can affect your application.

<b>Poverty</b>	
<b>Charity</b>	
<b>Community</b>	
<b>Enterprise</b>	



## Section E - Budgeting plan (you may need an adult to help you with this)

Please attach evidence for your budget. This can include: invoices, letters from shops, print-out from online shops and anything else that proves the price. We understand that not all projects go to cost but need a good idea of what you need the money for.

These are the kind of things you will need money for. You may not need all of them

Describe what sort of things you need and why.

How many do you need?

How much does it cost for one of these things?

To find this out multiply the quantity by the cost per item

Budgeting idea	Item Description	Quantity	Cost per Item	Total
Premises Costs				
Equipment / materials Costs				
Entrance Fees				
Printing / production costs				
Training Costs				
Miscellaneous Costs				
			<b>Total</b>	

If you are successful, who would you like the cheque made out to: \_\_\_\_\_

# Equal Opportunities Monitoring Form



Monitoring information you return to Pembrokeshire YouthBank is used in a number of ways. It is vital for us to report back to our funders about the activities that are taking place and the young people we are helping. This helps us to gain more funding to help more young people like you.

**Young people involved** = the number of young people in the group applying for funding  
**Beneficiaries** = how many people you think will benefit from the project.

Please send the completed Monitoring Form with your Grant Application Form. If you need help completing this form please ask the adult supporting your group or call Children and Young People's Rights Office: 01437 775744

Name of Group / Organisation \_\_\_\_\_

## Young People Involved

Total Number:

### Age of applicants No.

11-13 years old

14-18 years old

19-25 years old

### Gender of applicants No.

Female

Male

### Applicants with a disability No.

### Number of applicants from Black, Asian and Minority Ethnic backgrounds No.

## Beneficiaries

Total Number:

### Age of beneficiaries No.

0-10 years old

11-13 years old

14-18 years old

19-25+ years old

### Gender of applications No.

Female

Male

### Beneficiaries with a disability No.

### Number of beneficiaries from Black, Asian and Minority Ethnic backgrounds No.

How did you hear about Pembrokeshire Youth Bank?