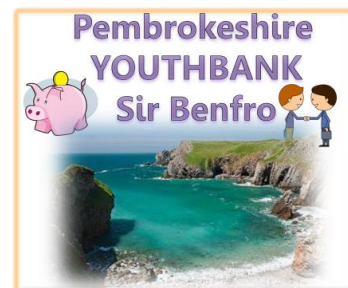


Send to: Children and Young People's Rights Office
 1B North Wing
 County Hall
 Haverfordwest
 SA61 1TP
 Email: rose.davis@pembrokeshire.gov.uk



Grant Application Form 2019/20

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.

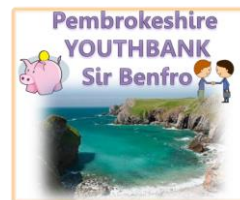
Contact details of a responsible adult linked to your group (over 18 years old)

Name of adult		
Contact address of adult		
	Postcode	

Email	
Telephone / text	



Section B – about your project



Tell us about yourself / group / organisation

What is your project idea?

Who will benefit from the project?

Why do you need funding?

When and where do you plan to do the project?

Have you ever applied to YouthBank before? Yes No

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.

Funding Criteria

Welsh Government “Prosperity for All” funding:

- early years – e.g. projects where young people provide support or activities for young children
- better mental health – e.g. projects to promote or support mental well-being
- housing – e.g. any projects to support young people with housing issues
- skills & employability – e.g. projects that give young people skills to help them get a job in future
- social care – e.g. projects involving young people who are looked after (in foster care)
- A low carbon Wales – projects to reduce Wales’ carbon footprint

Pembrokeshire Youth Bank criteria:

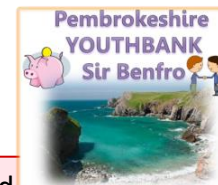
- Community – e.g. projects that benefit the local community
- Charity – e.g. projects where young people raise money for charity
- Poverty – e.g. projects help young people in poverty, or in an area where there is poverty
- Enterprise – e.g. if your project is to buy materials to make things for an enterprise project
- Well-being – e.g. any projects that support physical or mental well-being

As we have to meet funding criteria for two separate funding pots, can you please explain how your project meets at least one of the following criteria? It would help your application if you could answer this section fully (i.e. don't just tick the relevant criteria, explain in a few sentences how your project meets them)

How does your funding meet at least one of the above criteria?

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?

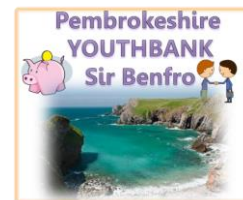
How much does it cost for one of these things?

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				
			Total	

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 in developing/running the project idea

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 – ie total number of young people who will take part

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?