



## FOREST YOUTH ACTIVITIES FUND APPLICATION FORM

The Youth Activities Fund is designed to help provide activities in the Forest district that make a positive difference to young people.

The information you give us in this form will help us to decide if your project should be funded. Please complete this form in black and write clearly.

### 1 YOUR INFORMATION AS MAIN CONTACT PERSON

Your Name	
Your Date of Birth- if you are under 19	
Your contact address (with post code)	
Telephone Number Mobile Landline	
E-mail Address	

### 2 YOUR GROUP'S INFORMATION

Name of Group	
Is it a registered charity? If so please state the registered charity number	

Describe your group- <ul style="list-style-type: none"> <li>- How it works</li> <li>- How it is, or will be, organised</li> <li>- How long it has been running</li> <li>- How many members you have</li> <li>- What you do</li> </ul>					
Does your project have	An Alcohol Policy?	YES		NO	
	A No Smoking Policy?	YES		NO	
Where are you based?					
Does the membership contain any of the groupings listed? (please tick all that apply)	Male	YES		NO	
	Female	YES		NO	
	Young people from black and minority ethnic groups	YES		NO	
	Disabled	YES		NO	
	Disadvantaged in some way	YES		NO	
Please specify the age range of young people involved in your group.					

### 3. YOUR PROJECT INFORMATION

How much money are you asking for?  (The maximum you can apply for is £5,000)  Please supply a copy of last year's accounts (if available).					
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<p>Describe what you want the money for.</p> <p><b>We need to know</b></p> <ul style="list-style-type: none"> <li>- The activity that you are planning.</li> <li>- Who will benefit?</li> <li>- Who will be involved and how?</li> <li>- Where did the idea come from?</li> <li>- What makes you think this will be a useful/good project?</li> <li>- Anything else that will help us to understand your project idea.</li> </ul>	
<p>What age group will be involved in the project?</p>	
<p>How many young people do you expect to join in/benefit?</p>	
<p>How you will get feedback from YP about how they have benefited or how satisfied they have been?</p>	
<p>When will your project start?</p>	
<p>How long will your project last?</p>	

Every Child Matters outcomes – which of these outcomes will be achieved?	Stay safe	
	Be Healthy	
	Improves choices	
	Enjoy and Achieve	
	Making a positive contribution	

The Youth Activities Fund is open to all young people. Please tick the box to tell us if the young people who <b>will benefit from</b> your project come into any of these groups:				
Young Disabled People	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Care Leavers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Offenders	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Carers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Refugees	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Lesbians and Gay Men	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Black and Minority Ethnic People	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young Travellers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Young People in Rural Areas	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Will any of the young people applying for this grant or who will benefit from the activity or project gain accreditation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If <b>Yes</b> , what sort of certificate or qualification will it be?				
If <b>No</b> , please will you tell us about how young people will benefit from the project or activity?				

**4 MONEY INFORMATION – Please give us a breakdown of how much your project will cost. For example, will you employ staff, rent buildings, or buy equipment?**

Item	Cost £
Sessional Staffing ie, administrative support, youth worker, etc.	
Rent of buildings	
Equipment (please attach a detailed price list)	
Activities	
Other expenses (please specify)	
<b>TOTAL</b>	

**5 MORE MONEY INFORMATION**

Are you getting any other money for your project? e.g. from your own fundraising events or from other grants?	YES	NO
If you have answered YES to the last question, where else have you raised money from?	How much: £	
Do you have a bank account?	YES	NO
If you have answered YES to the last question (5c), please give bank account details:		
(This will be the account to which any grant payment will be made)		
<b>IMPORTANT NOTE! If you are all under 18, we would not be able to make a cheque payable to your group. BUT we can help you by putting you in touch with other organisations, who will bank your grant for you and give you your money as you need it.</b>		

**IMPORTANT – MAKE SURE THAT YOU SIGN THIS APPLICATION ON THE NEXT PAGE!!**

**6 YOUR SIGNATURE**

Please confirm your project's name:	
Please confirm the amount you are applying for:	
We need three different people to sign this application – at least two of these people <b>MUST</b> be under 19	<p><b>Please sign your name as the <u>main contact</u>:</b> <i>(signature here)</i></p> <p><b>Name:</b> <i>(please print your name)</i></p> <p><b>Age:</b></p>
	<p><b>Second signature from your group:</b> <i>(signature here)</i></p> <p><b>Name:</b> <i>(please print your name)</i></p> <p><b>Age:</b></p>
	<p><b>Third signature from your group:</b> <i>(signature here)</i></p> <p><b>Name:</b> <i>(please print your name)</i></p> <p><b>Age:</b></p>

Thank you for applying to the Forest Youth Activities Fund for money to help your project. We aim to give you a decision about this application within one month of the receipt of the application.

We have tried to make the form easy to fill in but if you have a query, we will be happy to try and help.

**Please return your form to:**

Forest Youth Forum  
 c/o The Main Place  
 Old Station Way  
 Coleford  
 Gloucestershire  
 GL16 8RH  
 Tel: 01594 839191



For more information about the Forest Youth Forum, please visit [www.forestyouthforum.org.uk](http://www.forestyouthforum.org.uk)

