

YOUTH OPPORTUNITY & YOUTH CAPITAL FUND

APPLICATION FOR FUNDING 2006/7 (To be completed by Young People)

Application number: (Office use only)

Please complete in black ink, using capital letters. If a section does not apply to your idea, please write N/A.

Which fund are you applying for money from?

Youth Opportunity: Youth Capital: Both:

Name of your group (e.g. Village Youth Club, In-Time Dance Group etc.):

Contact Information:

Young Person (as contact for group):

Name:

Address (please include postcode):

Telephone:

Email:

Supporting Adult (if you have one):

Name:

Address (please include postcode):

Telephone:

Email:

Information about your group:

Is it newly formed or already existing?

If it is an existing group, tell us about it (e.g. where do you meet, what do you do?)

How many are in it?

How old is the youngest person?

How old is the oldest person?

Information about your idea for an activity, trip etc.:

What do you want to do?

How do you want to do it (e.g. hire someone to teach you, buy equipment, hire a minibus etc.)?

When do you want to do it (e.g. proposed start/finish dates)?

Is it a 'one-off' activity, trip etc.? If so, how long will it last?

Who will be able to take part in it (e.g. just your group, other young people)?

If your idea is for young people to use now and continue to use, how will you make this happen (e.g. advertising, open day etc.)?

Let's talk about money:

How much are you applying for?

£

What will you be spending this on?

Item e.g. hire of minibus, tutor's fee	Cost
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£

Bank Details:

Name of Bank:	
Address of Bank:	
Name on Account:	
Sort Code (usually 6 numbers e.g. 40-47-87):	
Account Number (usually 8 numbers e.g. 12348765):	

Additional Information:

Looking at the statements below, please tick those that apply to your idea:

- Young people will enjoy themselves.
- Young people will be able to take part in a new activity.
- The activity will have an accreditation at the end of it.
- Young people will be able to make a difference to where they live.
- It will provide a safe place for young people to go to.
- It will improve the health of young people.

Complete the following statement (optional):

We think our idea will be good for young people to take part in or use because ...

If you require any additional help with this application form please contact Mandy Green or Lesley Reed on 0113 224 3331.

Please be aware that we have responsibility for monitoring and evaluation and may wish to visit your project.

**Applications to be returned to: Mandy Green
East Leeds Family Learning Centre
Youth Service
Brooklands View, Seacroft
Leeds, LS14 6SA**