

Youth Capital Fund

SPONSORING ORGANISATION/SUPPORTING ADULT APPLICATION 2006/2007

No. YCF _____

Section A: Background Information

1. NAME OF ORGANISATION:

2. Name and address of correspondent (please note that all correspondence will be sent to this address unless you specify otherwise)

NAME:

POSITION IN GROUP:

ADDRESS:

E-MAIL ADDRESS

TELEPHONE NO:

3. Please attach a list of your current trustees or management committee members.

4. Please supply the name and address of your auditors.

5. Please indicate funding level

up to £2,000

up to £5,000

over £5,000

6. Please outline what benefits the project will bring to young people

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7. Which of the following groups of young people will use your project?

<input type="checkbox"/> Young carers	<input type="checkbox"/> Looked after Young People
<input type="checkbox"/> Young care leavers	<input type="checkbox"/> Young Disabled People
<input type="checkbox"/> Young lesbian and gay men	<input type="checkbox"/> Young refugees
<input type="checkbox"/> Young Travellers	<input type="checkbox"/> Young black and minority ethnic people
<input type="checkbox"/> Young people in rural areas	<input type="checkbox"/> Other

Will the project be fully accessible to disabled young people? YES NO

8. What has been young peoples' involvement in the decision making process for this application and how will they be involved in the delivery and monitoring / evaluation of the project / work

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9. What partnership arrangements does your organization / group have in place to support and deliver the project / work

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*Please see note for definitions

10. What qualitative benefits are expected from the project, i.e. outcomes that can be measured in figures on a monitoring report and also identifiable by a monitoring visit? We are particularly interested in benefits that relate to the five every child matters outcomes.

For any building/structural work please provide evidence of property ownership and approval to the specified building or renovation work to be carried out and a commitment to adhere to the best value code of practice

11. You will need to provide evidence to show that all work will be carried out by qualified work people with the appropriate insurance and health and safety procedures in place in addition to the applicant's insurance and relevant policy procedures.

12. Please supply your organization's policies in respect of the following:

Child Protection	Yes	No	Comments
Financial Management			
Organisation Constitution			
Health & Safety			
Insurance			
Recruitment and Selection			
Compliance with Inland Revenue Requirements			
Equal Opportunities			

Section B: Anticipated Outcomes

13. Quantitative Measures – Please see information notes

The City Council is required to monitor all supported projects. The anticipated outcomes table below will demonstrate that your project has clear objectives, and provides quantitative target output against which performance can be assessed and monitored.

MEASURE	WEDGE AREA AND WARD	FORECAST NUMBERS
Reach		
Recorded Outcomes		
Accreditation		

14. Please give a brief introduction about your organisation or group

For any building/structural work please provide evidence of property ownership and approval to the specified building or renovation work to be carried out and a commitment to adhere to the best value code of practice

15. Please explain your organisations / groups targeting strategy

Section C: Funding Details

16. For any building/structural work please provide evidence of property ownership and approval to the specified building or renovation work to be carried out and a commitment to adhere to the best value code of practice

Land Ownership

Is there a legal document demonstrating security of tenure? YES NO

If Yes is this Freehold? or Leasehold?

If Leasehold, how long has the lease left to run?

Are there any outstanding disputes regarding the ownership of the land? YES NO

If YES please give details on a separate sheet

17. Project Construction
For projects in excess of £20,000 please state the amounts of three tenders or estimates the contractors that have supplied them

Name of Contractor	Amount
Name of Contractor	Amount
Name of Contractor	Amount

(Note: if you do not have this information currently you can still apply, but you will be expected to provide this information as a condition of any grant offered.)

18. Please provide a breakdown of anticipated expenditure from April 1 2006 to March 2007

ITEM	TOTAL (£)
Building costs	£
Furniture	£
Fixtures and Fittings	£
Fees (Surveyors, Architects, Solicitors ect)	£
Preparation of Plans	£
Planning Application	£
Equipment	£
ICT equipment and lines	£
Other related costs (please list all costs)	£
Other (please specify below)	£

19. Please provide details of your total estimated annual income from April 1 2006 to March 2007

Source	Amount
Leeds City Council (other than this application). Please specify Department	
Other (please specify)	
TOTAL	

20. **REFEREE:** Please supply contact details of some one who is independent of your organisation or group but knows about the project and is happy to be contacted

Name:
Address
Telephone No.
E-mail

21. **Leeds City Council Officer Comments** : Not for the sponsoring organisation to complete
Please provide comments on the suitability of this organisation or group and the ability to deliver and achieve as outlined in this funding application.
Please indicate if you wish your comments to be made available to applicants.

Comments provided by :	
LCC Officer.....	signature.....date.....
Senior Youth Officer.....	signature.....date.....

Please confirm bank details for your organisation. All payments will be made to this account through the Banking Automated Clearing System (BACS).

Organisation:	
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Full name of A/C payee:	
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Bank sort code:				Account Number	
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Declaration: Please provide a minimum of two authorized signatures

We declare that the information we have given on this form is accurate to the best of our knowledge and agree to the terms and conditions of support funding and understand that failure to comply may result legal action being taken to recover the Youth Opportunities Fund.

Signed: 1st Signatory		Date:	
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Name: (block capitals):	
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Position in organisation:	
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Signed: 2nd Signatory		Date:	
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Name: (block capitals):	
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Position in organisation:	
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Please send your completed form to:-
Mandy Green
Leeds Youth Council
Leeds Youth Service
East Leeds Family Learning Centre
Brooklands View
Leeds
LS14 6SA
Telephone 0113 2243131
Fax 0113 2243173
e-mail mandy.green@leeds.gov.uk