

Youth Opportunity Fund

SPONSORING ORGANISATION/SUPPORTING ADULT APPLICATION 2006/2007

No. YOF _____

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:

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

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

6. Please indicate funding level up to £500 up to £2,000 over £2,000

8. If this funding will be used to pay for staff, please list the employees and **attach a job description for each post.** Please note that organisations receiving funding to employ staff should use nationally and locally agreed pay and conditions where possible and must provide adequate support, supervision and training. Please append list if insufficient space.

	JOB TITLE	GRADE	HOURS PER WEEK	ANNUAL SALARY/ WAGES
A				
B				
C				

8a	<u>Protection of children and young people</u>
	It is the responsibility of your organisation to ensure that all staff and volunteers have been CRB checked.

Section C: Anticipated Outcomes

9. **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		

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

11. Please explain the main aims of your organisation or group.

12. Please explain your organisations / groups targeting strategy

13. Please outline what benefits you will bring to young people

14. 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

15. What partnership arrangements does your organisation / group have in place to support and delivery the project / work

*Please see note for definitions

16. 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.

17. How does your project fit into or compliment the delivery of the Children and Young People's Plan and Leeds Youth Council's Manifesto?

18. Please supply your organisation'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			
Child Protection			
Financial Management			

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