

## Appendix A

# NORTH EAST AREA COUNCIL YOUTH DEVELOPMENT FUND GRANT APPLICATION FORM

### 1. APPLICANT'S DETAILS

Group Name	
Address	
Post Code	
Correspondence Address (if different from above)	
Contact Name & Phone Number	
Position In The Organisation/Group	

### 2. PROJECT DESCRIPTION

Name Of Project	
Which ward is this in?	

Please explain what your project intends to do

**When will the activity/expenditure take place?**

**Which output(s) will your project meet?**

Healthy Lifestyles

Physical Health

Enjoy and Achieve

**How will you check how successful you have been?**  
*(What measures will you put in place to record your achievements?)*

**3. PROJECT COSTS**

What will the grant be spent on?	£
<b>TOTAL COST</b>	£

Please provide the bank account details of where the grant needs to be paid <i>(Please note that grants cannot be paid into an individual's bank account)</i>									
<b>Bank Account Name</b>									
<b>Bank Account Number</b>									
<b>Sort code</b>			/			/			
<b>Roll number</b>									
<b>Name of Bank/Building Society</b>									

**4. FUNDING**

If other funding is being used for part of this project, (please give details)	£

**5. DECLARATION**

I declare that to the best of my knowledge and belief the information given in this application form and any supporting material are correct and that I have the authority/permission of our group to apply for these funds. If the grant is approved and it is found during monitoring that any item(s) funded are ineligible, I will return any money requested immediately.

Name	
Signature	
Date	

**7. CONSTITUTION & POLICIES**

Is this a new group?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a constitution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a health & safety policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a child protection policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have the group adopted an equal opportunity policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, does the group encourage access to all?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have insurance for the assets of the group?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please return the completed application from and any supporting documentation to the address on the guidance notes:

**Please note that we do not acknowledge receipt of application**



**Additional information**

DRAFT