

Central Area Council Youth Programme

Application Form



Please read the guidance notes before you start to complete this form. We hope that you will find it quite straight forward but please call the Central Area Team on 01226 775707 or e-mail lisalyn@barnsley.gov.uk if you have any questions about the form or application process.

Part One – About your organisation

1.1 What is your organisation's name?

1.2 What type of organisation are you?

Voluntary or community organisation

Registered Charity

Social Enterprise

Not for profit small business

Other

Please provide details

1.3 Organisation details

When did your organisation start?

How many people are on your organisation's management committee or board of directors?

1.4 Who is the main contact for this application?

Name	
Position in the group	
Address	
Postal code	
Telephone number	
E-mail address	

1.5 Who is the secondary contact for this application?

Name	
Position in the group	
Address	
Postal code	
Telephone number	
E-mail address	

1.6 What is your organisation’s current financial position?

Select one option and fill in the amounts from your accounts or projection.

Information from the latest accounts approved by your organisation
 12 month projection because you’ve been running less than 15 months

Account year ending Day Month Year

Total income for the year £

Total expenditure for the year £

Surplus or deficit at the year end £

Total savings or reserves at the year end £

1.7 Child Protection and the protection of young people and vulnerable adults

When working with young people you need to be sure they will be safe. As a minimum you must have a relevant policy and the policy must be put into practice. It is your responsibility to have acceptable protection policies and procedures in place.

Tick this box to confirm that your organisation has the relevant policies in place

1.8 Policies

The policies you need will depend upon your activities, how many people you work with and if you employ staff.

Please confirm which of these policies you have:

Health and Safety	<input type="checkbox"/>	Equalities and Diversity	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Data Protection	<input type="checkbox"/>
Volunteer Policy	<input type="checkbox"/>	Environmental Policy	<input type="checkbox"/>
Recruitment, Discipline and Grievance Policies	<input type="checkbox"/>		

Section 2 - About your project

2.1 Project Name

2.2 Tell us more about your project

This is your opportunity to tell us about your project (500 words maximum)

Please tell us about:

- the gaps your project will help to address
- how your project has identified and intends to address the differing needs and challenges of the individual Wards
- any research you have carried out or other evidence that shows your project is needed
- how your project intends to encourage new and different young people
- your consultation with beneficiaries/and or other organisations and people that show your project is needed
- how your project will add to any existing services or projects and fill any gaps
- the Central Council and BMBC priorities your project will help to address and how it will address them
- examples of activities and interventions to be delivered

2.4 Beneficiary Involvement

Please tell us who will be involved in your project and how they will be involved in planning, developing and running your project.

Please tell us about:

- who will be involved in your project (people and organisations)
- if you will be working with any other organisations to deliver your project
- how your beneficiaries (people and organisations) will be involved in developing, running and evaluating your project.

2.5 Social Action and Volunteering

Please tell us how your project would promote social action and volunteering.

Please tell us about:

- How your project will promote social action and volunteering
- What social action and volunteering activities will be taking place
- How many volunteers will be involved with your project and what they will be doing
- How you will recruit new volunteers to your project
- How you will measure the impact of social value from your project (for example, number of jobs created, volunteer hours achieved, volunteer opportunities created)

Section 3 – Monitoring and Evaluation

The questions you complete in this section will form part of your project monitoring. They will be used to report back to the Central Area Council.

Be realistic in the answers you give for your milestones, outcomes, indicators and activity intervention.

3.1 Milestones

Please provide a number of key milestones for your project.

Milestone	To be achieved by
For example: First session delivered	January 2016

3.2 Outcomes and Indicators

What difference will your project make and by when?

Below, please state the 2-4 outcomes your project will achieve.

The interventions/activities you deliver as part of your project should directly contribute to achieving the project outcomes.

List up to three indicators for each of your project outcomes. For each indicator show the level of change (for example, how many people will benefit) and when you would expect to see that change (for example, after six months).

Project Outcome	Intervention/ activities that will contribute to achieving project outcome	Target
For example: Outcome: Improved health and wellbeing of young people	<ul style="list-style-type: none"> • Young people taking part in sport and fitness programmes • Improved self-esteem and confidence in young people • Young people gaining accreditation 	<ul style="list-style-type: none"> • 20 young people • 50 young people • 15
Outcome 1		
Outcome 2		
Outcome 3		
Outcome 4		

3.3 Quarterly Monitoring

Please list the activities/sessions that you have identified in section 3.2 that you will be delivering as part of your project.

Please complete the table below indicating quarterly targets for each of the interventions/activities listed. The total project target column should be the same as identified in section 3.2

Key:

Quarter 4 – January – March 2016

Quarter 1– April – June 2016

Quarter 2 – July – September 2016

Quarter 3 – October – December 2016

Quarter 4 – January – March 2017

T = Target

Activity/Intervention	Quarter 4		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total Project target
	T	A	T	A	T	A	T	A	T	A	
For example: Number of young people attending sessions	15		20		20		25		30		

3.4 Evidence

As part of your monitoring, your milestones, outcomes, activities and interventions will need to be evidenced. Please tell us how you will evidence these, for example, photographs, questionnaires, case studies, attendance lists. Tell us what you will provide on a quarterly basis.

Section 4 – Equal Opportunities

4.1 How will you make sure that everyone who could benefit from your project will know about it and be able to get involved?

Your project should be open to as wide a range of young people aged 13 – 19 years old as possible. You need to have thought about how you'll address any differing needs and challenges of the individual wards, with specific challenges (in each ward) identified and addressed. Please tell us how you will do this.

Section 5 – The funding you need

5.1 Budget table

Complete the table to show us how much your project will cost and what you plan to spend your grant on.

Total project costs – include VAT where applicable			
	Total	Amount requested from Central Youth Programme	Funding from other sources
Revenue Costs			
Salaries, NI and pensions			
Recruitment			
General running expenses			
Training			
Travel			
Other – please detail			
Total revenue costs			
Capital Costs			
Equipment – please detail			
Total capital costs			
Total project costs			

5.2 Project Funding

If some of the money for your project will come from other sources, please give us the details below.

5.3 Payment Schedule

Payment schedules will form part of the contract discussions.

Please detail how you would like to receive your grant. The total amount should equal the grant amount requested.

	Payment Amount
Quarter 4 – January – March 2016	£
Quarter 1 – April - June 2016	£
Quarter 2 – July – September 2016	£
Quarter 3 – October – December 2016	£
Quarter 4 – January – March 2017	£
Total Amount	£

Section 6 – How you will run your project

6.1 Project management

How do you plan to manage your project?

Please tell us:

- about any experiences you have of delivering projects
- about the staff and volunteers on the project
- how you will make sure that the people working on the project will have the right skills and Knowledge
- how you will manage any gaps in experience, skills and expertise
- how you will manage your project budget
- what will happen to your project when our grant ends

Section 7 – Declaration and signatures

Data Protection

If you have applied for, or hold, a grant with us, we will use the information you give us during the assessment of your application and the life of your grant to administer and analyse grants and for our own research purposes.

We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the programme, monitoring grants and evaluating funding processes and impacts.

Declaration

We confirm that we are duly authorised to sign this declaration on behalf of the applicant organisation.

We confirm that this application and the proposed project within it has been authorised by the management committee, other governing body or board or, if a statutory organisation by a senior member of staff.

We certify that the information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by our organisation.

We understand that, if we make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or if we knowingly withhold any information, this could make our application invalid and we will be liable to repay any funds.

We confirm our organisation has the legal powers to set up and deliver the project described in this application form.

Signatory one

This must be the main contact named in question 1.4 of this form

Title Forename Surname
Position Date
Signature

On behalf of
(organisation name)

Home address

Signatory two

This should be the chair, chief executive or a person of similar authority in your organisation. This person must be different to signatory one.

I confirm that this application and the proposed project within it has been authorised by the management committee or other governing body.

Title Forename Surname
Position Date
Signature

On behalf of
(organisation name)

Home address

Section 8 – Check your application is complete

The main contact has signed the declaration in section 6	
The chair, chief executive, or person of a similar authority in your organisation has signed the declaration in section 6	
We have enclosed our most recent annual accounts or three months bank statement	
We have enclosed a copy of our child protection policy	
We have enclosed a copy of our constitution	
We have enclosed a copy of our insurance policies (only relevant if applying for capital items)	

How to send us your form

Send your completed form to the postal or email address below. Your application form should reach us no later than 12pm on Friday 27th November 2015.

Email: lisalyon@barnsley.gov.uk

Post:

Central Area Team
Stronger, Safer & Healthier Communities Business Unit
Communities Directorate
Barnsley Council
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