



# Herefordshire Youth Opportunities Fund & Youth Capital Fund Application



**Project name** (if you have one)

**Which fund are you applying to?**

Youth Opportunities  Youth Capital  Both

**Your Details:** (young person- leading the project/application)

|            |      |
|------------|------|
| Name:      | Age: |
| Address:   |      |
| Postcode:  |      |
| Telephone: |      |
| Email:     |      |

**Group/Youth Organisation Details:** (if you have one)

|  |  |
|--|--|
| Group Name:  |  |
| About your group: eg. What do you do? How often do you meet? |  |

**If you or your group feel that you are disadvantaged, or you normally find it difficult to get involved, please explain how/why.**

**1) Please tell us about your project.**

What you want to do and how you will do it?

Continue on a separate sheet if you need to

How will it benefit other young people & make a difference?

**2) How much money do you wish to apply for?**

Youth Opportunities Fund (£50 - £4,500)

£

Youth Capital Fund (£50 - £10,000)

£

**3) Please provide a breakdown of your project costs.**

| Item         | Amount   |
|--------------|----------|
|              |          |
|              |          |
|              |          |
|              |          |
|              |          |
|              |          |
|              |          |
|              |          |
|              |          |
| <b>Total</b> | <b>£</b> |

**4) Tell us when you think your project will start and end.**

|             |  |
|-------------|--|
| Start date: |  |
| End date:   |  |

**5) Where will this activity take place, and where will most of the young people taking part come from?**

**6) Which of the 5 'Every Child Matters' outcomes does the project meet?**

Explain how in the box alongside any that apply (**see info sheet**).

|                              |  |
|------------------------------|--|
| Staying Safe                 |  |
| Enjoying & Achieving         |  |
| Positive Contribution        |  |
| Being Healthy                |  |
| Achieving Economic Wellbeing |  |

**7) Please provide details of your sponsor organisation.**

If you don't have a sponsor and would like help to find one tick here and we will contact you.

|                       |           |              |
|-----------------------|-----------|--------------|
| Organisation Name:    |           |              |
| Contact Person:       |           |              |
| Address:              |           |              |
|                       | Postcode: |              |
| Telephone:            |           |              |
| Email:                |           |              |
| Bank Name and Address |           |              |
| Account Name:         |           |              |
| Sort Code:            |           | Account No.: |

**8) How many young people will benefit from this project?**

(Enter numbers in all age groups that apply)

**Males:**

Under 13  13-15  16-19  over 19

**Females:**

Under 13  13-15  16-19  over 19

**How many of your group are:**

White  Black  Asian  Mixed   
Other

**Do any of these young people consider that they have a disability?**

Y/N If yes, how many?

**9) You will need to keep a record of how your project went. Please tell us how you plan to do this? e.g. Video diary, scrap book, etc.**

**10) Please check and sign your application.**

Signed (young person) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (sponsor) \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing the application form, please send it to:**

**Youth Funding Panel**

C/o Delegated Grants Team, Herefordshire Council  
P O Box 4, Plough Lane, Hereford HR4 0XH

