



Application Form

East Hampshire Youth Council Money Pot

1. Name of group applying for the grant

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2. Name of main contact person for this application (must be an adult 21 years and over)

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3. Address of main contact person

	Postcode:
Daytime:	
Mobile number:	
Email:	

4. Please provide a title for your project and describe what you would like the funding to pay for

5. Please enter a proposed start and finish date for your project

Start	
Finish	

6. Describe how your project proposal meets the outcomes of 'Every Child Matters'

Stay safe
Enjoy and achieve
Achieve economic wellbeing
Make a positive contribution
Be Healthy

7. How have young people been involved in the development of this project?

8. What evidence could be used to show us that your project went ahead and was a success? (Certificates, photos, receipts and videos etc)

9. How much funding do you require from the East Hampshire Youth Fund?

£

If you are awarded a grant, please fill in the details of to whom the cheque is to be made payable and where it should be sent.

Payee	
Address	
Telephone	

10. Please tell us about any other funder(s) that you are applying to for this project

Name of organisation/funding body	Amount requested	Amount received

11. Estimated cost of project

Itemised expenses e.g. transport, equipment etc	£

12. Please tell us about the number of people that will access or benefit from your project in the following categories:

Young people under 13 years	
Young people 13-19 years	
Young people 20-25 years	

How often does your group meet?

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13. How many young people in the totals above would you describe as:

Being from Black and minority ethnic communities	
Disabled	

14. Please tell us which geographical area will benefit most from your project

Towns/places	
Districts/boroughs	

15. If you have an organisation supporting your application please provide their details below

Name	
Address	
Postcode	
Telephone	

16. Please supply the following documentation with your application about your group or supporting organisation and tick which ones you have been able to supply

Constitution/rules/terms of reference	Tick here
Budget	

Last years accounts	
Child protection policy	

Declaration

I/we declare that all details provided in this application are true

Signed by young people

Signature of supporting adult (main contact)

Signature	
Name	Date
Position in organisation	

Thank you for completing this form.

Please return to:

Lara Nolan (Youth Council Support Coordinator)
 East Hampshire District Council
 Penns Place
 Petersfield
 East Hampshire
 GU31-4EX

If you have a question or you require any support please contact:

Lara Nolan (Youth Council Support Coordinator)
 Email: Lara.Nolan@easthants.gov.uk
 Tel: 01730 234186