

isle of wight youth opportunity fund and youth capital fund



1. Project title (name) & brief description of the project/activity?

Title: _____

2. How will young people benefit from this project/activity? Please refer to the guidance notes and detail the outcomes and impact from the project/activity.

3. What evidence will you provide, that the project has benefited young people? (for example pictures, film, evaluations, diaries, etc)

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4. When will your project take place?
Dates when the project/activity takes place
(how long, what times/days etc)

Start... end...

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5. Where will the project/activity take place?
(town, village name or post code area)

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6. Will anyone else be supporting this project? E.g. volunteers, use of buildings etc.

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7. Please tell us how many other young people are working on this project as project leaders/applicants

Young people aged 13-19 (up to 25 if they have additional needs)

How many of these are from the disadvantaged groups listed in the guidance notes?

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8. Please tell us how many young people you think will benefit from this project (that is in addition to the project leaders and applicants above)

Young people aged 13-19 (up to 25 if they have additional needs)

How many of these are from the disadvantaged groups listed in the guidance notes?

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9. What is the break down of the project/activity cost? £	
Volunteer expenses (please specify)	
Equipment (please specify)	
Use of buildings (please specify)	
Travel (please specify)	
Activity costs (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
Total	
How much of this are you asking for?	
Where will the remainder come from?	
Additional evidence may be requested for expensive items, for example three quotes for capital equipment and receipts for all project/activity expenditure when completed.	

10. What type of organisation is it? (please tick)	
An Individual	
A charity (please include number)	
A constituted group e.g. with written constitution/rules	
A member of a national body e.g. Scouts/Girl Guides (please specify)	
Other	

11. Name of young person applying for grant?	
	Contact Person
12. Names of support organisation/adult (if applicable) or your name and contact details?	
Name	
Address	
Contact Person	
Telephone	
Email	

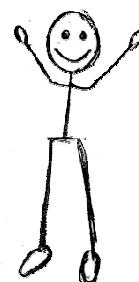
13. To the best of our knowledge the information in this application form is correct	
Signed by applicant	
Signed by adult contact (if applicable)	
Position in organisation	

14. Please specify the bank account details for the applying organisation/ individual or sponsor organisation	
Bank account name	
Bank Sort Code & Account Number	
Bank name & branch	

Please make sure all questions in this application are completed. If you need any help with completing this application or have any questions please contact Matthew Bell- 533523 or email matthew.bell@iow.gov.uk

Please return all completed applications to YOF, C/O Matthew Bell, Thompson House, Sandy Lane, Newport, Isle of Wight, PO30 3NA.

All applications will be looked at and assessed by the Young People's Panel who will meet on a monthly basis up to February 2011 (except August 2010). To be assessed in any given month, applications will need to be received by 12.00 the first Friday in that month. Friday 5th March is the first submission cut off date.



Please Note

The Isle of Wight Council has a duty of care to safeguard children and young people and as such may ask additional questions to applicants and their sponsors and impose additional conditions before any money in the form of a grant is given out.