**Youth Led Grants Application Form**

If you would like any help with your application, please contact the grants team:

* Email: [grants@cvsc.org.uk](mailto:grants@cvsc.org.uk) / [josephinehastings@cvsc.org.uk](mailto:josephinehastings@cvsc.org.uk)
* Phone: 01492 523945 / 01492 523847

**Please answer every question**. Where the question is not appropriate to your group or project, please write Not Applicable (N/A).

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| **Section 1: Tell Us About You:** | | |
| **Section 1a: Details of the person responsible for the project** | | |
| **Applicant Details:** | **Additional Contact Person from your Group** *(please complete this section if you, the applicant, are under the age of 18):* | |
| Name:  Position in the Group:  Phone Number:  E-mail: | Name:  Position in the Group:  Phone Number:  E-mail: | |
| **Section 1b: About your Group** | | |
| Name: |  | |
| Address: | Post Code: | |
| What kind of work does your group do? |  | |
| Is membership of your group and the project open to anyone who wants to join? Yes  No  If no, please explain why not: | | |
| How many volunteers do you have? | | Volunteers: |
| Is your group registered for V.A.T.? | | Yes  No  *If yes, you will be expected to reclaim V.A.T. on your project and any grant paid will exclude the V.A.T. element.* |

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| **Section 2: Tell Us About your Project:** | | |
| ***This section may be completed in the written format below. Alternatively, y*ou *may complete section 2 of their application by video / audio (see section 2d).*** | | |
| **Section 2a: General Information** | | |
| Project Title:  *(Please state whether you are applying for a 6-month project or an extended project).* | |  |
| Start Date: | |  |
| End Date: | |  |
| **Section 2b: Project Description** | | |
| What are you going to do? |  | |
| Who are you working with? |  | |
| **How** will young people be involved in the project? |  | |
| **How many** young volunteers (aged 14-25) will be involved with the project? |  | |
| How many new volunteering opportunities will the project create for 14–25-year-olds? |  | |
| What evidence will you provide to show that your project was successful? *(Please tick all that apply. You must tick at least one).* | Photos  Videos  Project visit by panel  Project update to grants team (via e-mail or telephone)  Other (please state)  ……………………………………………………………. | |
| **Section 2c: The Wellbeing of Future Generations Act** | | |
| Which of the following Well-being of Future Generations Act (2015) goals do you think your project will cover? *(Please tick all that apply. You must tick at least one).*  For further information about these goals, please visit:  [Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales](https://www.futuregenerations.wales/about-us/future-generations-act/) | A Prosperous Wales  A Resilient Wales  A More Equal Wales  A Healthier Wales  A Wales of Cohesive Communities  A Wales of Vibrant Culture and Thriving Welsh Language  A Globally Responsible Wales | |
| **Section 2d: Video / Audio Application Checklist** | | |
| ***If you are submitting section 2 of your application by video / audio, please refer to the following guidance:*** | | |
| Please make sure your video answers every question in sections 2a-2d.  Please make sure to include the name of the organisation in your submission.  The video may be submitted to CVSC via e-mail ([grants@cvsc.org.uk](mailto:grants@cvsc.org.uk)) or WhatsApp message (07942 278001). | | |
| **Please tick here to indicate that you have obtained permission from everyone in the video for it to be used in this application.**  I have permission. | **Please tick here to indicate that you have obtained permission from a parent / guardian of everyone under 18 in the video for it to be used in this application.**  I have permission. | |

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| **Section 3: Financial Details** | | | |
| **Section 3a: What is the Money For?**  *(Please provide a full breakdown)* | | | |
| **Item** | **Cost £** | **V.A.T. (if relevant) £** | **Total £** |
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| Total project costs **£** |  |  |  |
| Money raised / acquired from other sources for the project *(please name the source)* **£** |  |  |  |
| Amount requested from Conwy Youth Led Grant (Maximum £2,000) **£** |  |  |  |
| \*\*Please provide two written quotes or estimates from any suppliers\*\* | | | |
| **Section 3b: Bank Details for the Group**  *(This is the account that the grant monies would be paid into).* | | | |
| Account Name: | |  | |
| Bank name & Address: | |  | |
| Sort Code: | |  | |
| Account Number: | |  | |
| I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction:  ***Please sign****. …………………………………………………………………………………………………….* | | | |
| Names of Authorised Signatories: | | 1.  2. | |

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| **Section 4: Check Before you Submit!** |
| **Please make sure that your application includes the following documents:**  A completed application form, with every question answered.  Your organisation’s constitution / set of rules.  A recent bank statement (from the past 3 months) of your organisation / supporting organisation.  2 written quotes / estimates from suppliers.  Any photos / mind maps relating to the project *(not essential).*  **Most importantly:**  Is your project led by young people, aged 14-25?  Is the idea for the project from a young person (aged 14-25)? |

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| **To be completed by a representative of the organisation/group:**  I confirm that all the information on this form is true and correct.   |  |  | | --- | --- | | Representative’s Name: | Position in the Group: | | Phone Number: | E-mail: | | Signature:  **Please sign.**  .…………………………………………… | Date: | |

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| **Section 5: Guidance Notes / Terms and Conditions**  *Please read carefully.* |
| * Please refer to the ‘Youth Led Grants’ Guidelines and Notes for Applicants before completing this application form. * Ensure you are authorised to complete the application on behalf of the group / organisation. * Ensure all information submitted in this application is accurate. Community & Voluntary Support Conwy will be informed if there are any changes to this application or any change in circumstances affecting the project for which a grant has been sought. * Ensure the project for which the grant has been sought falls within the objectives of the organisation. * The grant will only be used for the purpose set out in the application * Any grant awarded will not be increased in the event of an overspend on the project. * Applicants should note that the award must be acknowledged as a Community & Voluntary Support Conwy (CVSC) and Wales Council for Voluntary Action (WCVA) grant, and must comply with any reasonable requests relating to publicity. * Any organisation awarded a grant from the Youth Led Grants shall be subject to monitoring procedures laid down by Community & Voluntary Support Conwy in consultation with Wales Council for Voluntary Action (which could involve site visits and the collection of statistics.) * **The applicant will send in a simple** **Project Completion Report by 31st August 2026**.   **DATA PROTECTION AND AUTHORISATION OF USE**  Community and Voluntary Support Conwy (CVSC) operating on behalf of WCVA, will use your personal information in order to process your funding application, and will be entered on a database utilised by CVSC and its Third Sector Support Wales partners (further information and our privacy notice are available from thirdsectorsupport.wales) . The information will be held for the length of the Youth Led Grant project and then destroyed securely. |

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| **All Done?**  Please return the completed application form and supporting documents by 23rd May 2025 to:  grants@cvsc.org.uk  **Grants Team, CVSC, 7 Rhiw Road, Colwyn Bay, Conwy, LL29 7TG**  **For further help or advice please contact:**  **01492 523847 or email**: josephinehastings@cvsc.org.uk |