

Wiltshire Young People's Opportunity Fund (WYPOF)

Large Grants Application Form

Complete this application form to let us know about the project or programme you want to do.

Please return this form to:

WYPOF Co-ordinator,  
Youth Development Service,  
Operational Office,  
Estcourt Crescent,  
Devizes,  
Wiltshire,  
SN10 1LR

FOR OFFICE USE ONLY: Date application received

SECTION 1: GROUP DETAILS

Name of Project/Activity:	
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How much are you applying for?	£
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Name of Supporting Organisation:	
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Project Leaders Details (this must be a young person):	
Name	
Address:	
Date of Birth	
Home phone number:	
Mobile phone number:	
E-mail:	

1. a) Number of young people leading the project?	
b) Number of young people that will use/benefit from the activity/facility?	

2. What is the age range and gender of your group? How many young people are in each band?					
	11-12	13-16	17-19	20-25	Total
Male					
Female					

3. How many young people are:								
	White	Black Afro Caribbean	Black African	Mixed Heritage	Indian	Pakistani	Other (Please specify)	Not Known
Male								
Female								

4. How many young people would describe themselves as disabled?	
Male	
Female	

5. How many young people in your group:		
	Male	Female
Go to school		
Go to University		
Are on a Training Course		
Have a full time job		
Have a part time job		

6. How many young people are in the following target groups?		
	Male	Female
Leaving Care		
Looked After		
Young Offenders		
Young Carers		
Young Refugees		
Lesbian/Gay/bisexual/transsexual		
Traveller Communities		
Rural Areas		
Other (Please specify)		



11. Who else might benefit from your project?  
 For example: Improving your community, giving young people something to do in the evenings, increasing the skills of local young people.

12. Other than your main supporting organisation, are any other organisations supporting you with this activity/project?  
 Yes/No  
 (If yes who? e.g. Wiltshire Alternative Youth Sports (WAYS))

13. Which of the following categories would you say your project/activity falls into? (please tick)

Community Safety		Health	
Sport/Leisure		Residential	
Art/Music		Training or Employment	
Culture		Equal Opportunities	
Equipment		Democracy	
Decoration/Refurbishment		Vehicles	
Buildings		Other (please state)	

14. Which of the following Every Child Matters outcomes does your project achieve: (Please tick all that apply – your project has to meet at least one of these to be considered)	
Be Healthy – Enjoy good physical and mental health	
Stay safe – Be protected from harm and neglect	
Enjoy and Achieve – Develop self confidence and life skills, achieve success, be acknowledged for it and have fun!	
Make a Positive Contribution – To your friends, the local community and society	
Achieve Economic Well-being – Reach your potential and make the most of your lives	

14a. How does your project achieve at least one of the Every Child Matters outcomes you have pin pointed in question 14?

Thank you for completing this section. You now need to tell us how you want to spend the fund in Section 3.

SECTION 3: FINANCE

15. Overall cost of the project	
Please give us a breakdown of what you intend to spend the money on. To show us that you have checked on the costs please send us 3 quotes for any capital items with your application form. We suggest you look at 2/3 quotes for all goods and services. The panel may ask to see evidence that you got different quotes. Please make your cost breakdown as detailed as possible. Use additional paper if this is needed.	
ITEM/ACTIVITY	COST
Total Cost of Project	£

16. Are you using any of your own funds for this project? If yes, How much?	Yes/No £
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17. Have you applied for any other funding for this project? (Please circle)	Yes	No
If yes, where from and for how much? Have you received the funding yet?		

18. Details of supporting organisation: For example, Youth Development Centre, Church Group, Scouts, School etc.	
Name of supporting organisation	
Name of supporting adult	
Address of supporting organisation	
Telephone number of supporting organisation	
Date formed	
Name that should appear on the cheque (must be the supporting organisation or group)	

We may need to contact your supporting organisation before we agree any funding. Are you happy for us to do this?

Yes  No

Thank you for completing this section. You now need to tell us how you will monitor and evaluate the project in Section 4.

## SECTION 4: MONITORING AND EVALUATION

19. What methods will you use to tell us how your project went?  
Ideas may include a report, diaries, photographs, a display, a video, a website, a newsletter, etc. Remember, if you said you were going to learn something, how will you show us that you have learnt it?

### 20. Other Information

If there is anything else you would like to tell us about your project please use the space below.

If we asked you, would you be happy to tell supporting organisations about your project once it has happened?

Yes  No

Would you be happy for supporting organisations to use information about your project in promotional material? For example, on websites, on the radio, in adverts, on posters etc

Yes  No

21. Your declaration		Tick
I confirm that, as far as I know, all the information on this application form is true and correct.		
I understand that you may ask for more information on the project at any stage.		
Your name:		
Your signature:	Date:	
Name of supporting adult:		
Signature of Supporting adult:	Date:	

Thank you for taking the time to complete this form. Please make sure that you have completed every question and read the criteria thoroughly before returning your form.

Please carefully read the Guidance Notes and the Checklist and make sure that you have included all of the relevant supporting evidence. Without it, your application will not be approved.

#### SECTION 5: WHAT HAPPENS IF YOU GET THE MONEY?

- Your supporting organisation will be sent a cheque for the amount approved.
- You will complete your project, monitoring and evaluating as you go along.
- You may be visited by members of the funding panel, who will monitor progress and the success of your project.
- At the end of your project, you will be asked to complete an evaluation form and submit any other evaluation material you have collected.
- Your supporting organisation will be contacted to check that the money has been spent.

#### SECTION 6: WHAT HAPPENS IF YOUR APPLICATION IS REJECTED?

- The WYPOF funding panel will let you know and tell you why.
- You can reapply. It might be that with some changes, your application would be successful.
- We might be able to put you in contact with an organisation that can help you to put your application together.

## SECTION 7: CHECKLIST

Before sending in your application, please make sure that you have: tick

- Completed all the questions on the form \_\_\_\_\_
- Signed and dated the form \_\_\_\_\_
- Asked your supporting adult to sign and date the form \_\_\_\_\_

Please make sure that you have included between 5 and 10 pieces of evidence:

Evidence must include:

- 3 or more quotes for any 'capital' items (counts as one piece of evidence) \_\_\_\_\_
- An assessment of need (i.e. a piece of market research) \_\_\_\_\_
- A detailed budget for any events or non-capital items \_\_\_\_\_
- Planning permission and detailed plans of any structural build \_\_\_\_\_
- Plans of how you will maintain 'capital' items or how you will staff projects \_\_\_\_\_
- Proof of other funding if you have only applied for part of the total cost of a project \_\_\_\_\_

You may also like to include some of the following:

- A letter of recommendation from an appropriate person (i.e. a youth worker, teacher, police officer, doctor, councillor etc), especially if this helps you to meet one of the 'Every child Matters' outcomes. \_\_\_\_\_
- A programme for any possible event \_\_\_\_\_
- Any research you have done about your project (including photographs, web links etc) \_\_\_\_\_

You must check that your supporting organisation has:

- A Child Protection Policy
- Constitution
- Equal Opportunities Policy
- Health and Safety Policy
- Annual Financial Reports
- An understanding and commitment to the Disability Discrimination Act

The application process has been designed and is run by young people. We have done our best but we would like to hear from you if you have any ideas to improve the process. Please send any ideas to us with your application form or email us on [youthdevelopmentsservice@wiltshire.gov.uk](mailto:youthdevelopmentsservice@wiltshire.gov.uk)

GOOD LUCK!