

King Charles III Coronation Youth Fund in H&F (KCYF)

**Application Form**

**Your application form will be used to assess how well you meet the funding criteria.**

**Please read the guidance notes before you complete all sections of the application form and include all the supporting documents when you return it.**

**Please complete your application form electronically .Boxes will automatically expand as you type. If you need to complete your application by hand, please contact the KCYF team and we will provide you with a suitable application form.**

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| **Please confirm you have attached the supporting documents:** | **✓** |
| 1) Your organisation’s budget for the year, including anticipated income and expenditure |  |
| 2) A copy of your organisation’s constitution or statement of aims and objectives |  |
| 3) Any supporting evidence of need for your service or activity |  |
| 4) A completed Conditions of Grant Aid document |  |

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| **1. Name of Organisation:** (and Charity or Company number, if applicable): |  |
| **2. Contact person:** |  |
| **3. Address:** |  |
| **4. Phone number:** |  |
| **5. Email and website:** |  |
| **Please note that if your application is successful, contact information for the service or activity will need to be provided and will be made publicly available to promote the service or activity to local residents where appropriate.** | |

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| **6. What is the overall purpose of your organisation?** | | | | |
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| **When did your organisation start?** | **Month:** |  | **Year:** |  |

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| **7b. If you are a sport club, do you have Clubmark?** (If no, go to question 7c, if yes, go to question 8) | Yes / no |
| **7c. If you are a sports club, are you working towards gaining Clubmark?** | Yes / no |

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| **8. What services or activities does your organisation currently provide?** Maximum 300 words |
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| **9. Please tell us about the service or activity you wish to fund with a KCYF grant.** (Be specific about what you want to do with the funding, how you will do it and the start and end dates.) **Please note: The service or activity must fit with the Council’s key targets** (see guidance notes). Maximum 750 words |
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| **9b. Please tell us where the service/activity will take place, on which days and at what time** This information will be used to promote your service/activity to local residents. Please include a full address with postcode. |
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| **10. Please complete questions 10a and 10b ONLY if you are applying for more than £5,000** |
| **10a: Do you have a partnership that will deliver the service. If so, who are the partners? What roles and activities will each of the partners undertake to deliver the service?** |
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| **10b: What makes your service unique or special? Describe the additional benefits your partnership/ service will deliver:** |
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| **11. What is the need for your service or activity and how have you identified that need?** (Please explain how you know H&F residents need this service, what evidence have you to support this?) |
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| **12. Outcomes: Please outline what difference your service or activity will make to local residents** (see guidance notes for information on outcomes - the differences or changes it will deliver) |
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| **13. How will you measure the difference made to residents?** (How will you know if you have achieved what you set out to do – how will you collect feedback?) |
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| **14. Who will benefit from the service or activity?** | | | |
| **14 a. Total number of beneficiaries who will be H&F residents** | | |  |
| **14b. Of these, please estimate the number of H&F beneficiaries by ethnicity:** | | | |
| **White** | | **Black or Black British** | |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Any other white background |  | Other Black or Black British |  |
| **Asian or British Asian** | |  | |
| Indian |  | **Other ethnic background** | |
| Pakistani |  | Chinese |  |
| Bangladeshi |  | Other |  |

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| **14c. Please estimate the number of H&F beneficiaries by gender** | | | |
| Male |  | Female |  |

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| **14d. Please estimate the number of H&F beneficiaries by age group** | | | | | |
| 11-18 yrs. |  |  |  |  |  |
| 18-24 yrs. |  |  |  |  |  |

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| **14e. Please estimate the number of H&F beneficiaries by disability:** | | | | | |
| Physical disability |  | Learning disability |  | Sensory impairment |  |
| Mental health need |  | Long term health condition |  | No disability |  |

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| **14f. Is your service directed at, of particular relevant to, or more likely to be used by people of a particular faith or sexual orientation? If yes, please provide details.** |
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| **14g. Please estimate the number of H&F beneficiaries by the part of the borough they are from:** | | | | | |
| North of the borough |  | Centre of the borough |  | South of the borough |  |

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| **15. How will you make sure that as wide a range of people as possible can benefit from your service or activity?** (How will you make it accessible to disabled people, or attract H&F residents from different areas, backgrounds, and cultures?) |
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| **16. Will your service or activity provide added benefits?** (Such as better use of local halls, opportunities for volunteering, increase your ability to secure additional funding, bring different organisations or communities together?) |
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| **17. How will users be involved in making your service or activity happen?** (Think about their involvement in planning, delivering, and evaluating your service. |
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| **18. How do you know your service or activity offers good value?** (Have you checked out prices and compared costs? Have you tried to work out a unit cost?) |
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| **19. Project or Service Plan – please use this section to tell us how you plan to run the service or activity:**  This information will be used for monitoring purposes. | |
| Brief summary of what you will do, where will activities take place (including planning, service delivery and monitoring and evaluation activities) | Timescale (please include dates, days, times etc) |
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| **20. Service cost** | |
| 20a. Total cost of the service or activity |  |
| 20b. Amount of KCYF you are requesting |  |

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| **21. Service/activity cost details**   * List all the items you will have to spend money on to deliver the service, and how much they cost. * Be clear how much KCYF funding you are requesting for each item and how much you will fund from other sources, including from charges or ticket sales etc, or from your own reserves/resources. * If applying to other funders, please give the name of the funder and whether the funding has been confirmed |

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| Item or activity | Cost | Amount from KCYF | Amount from other sources | Name of other funding source | Has other funding been confirmed? |
|  | **£** | **£** | **£** |  |  |
|  | **£** | **£** | **£** |  |  |
|  | **£** | **£** | **£** |  |  |
|  | **£** | **£** | **£** |  |  |
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|  | **£** | **£** | **£** |  |  |
| **Total Amount** | **£** | **£** | **£** |  |  |

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| **22. Management Committee Profile**  **Please identify cheque signatories and any family relationships** | | | |
| **Position** | **Name** | **HOME address including postcode** | **H&F resident?** |
| Chair |  |  |  |
| Treasurer |  |  |  |
| Secretary |  |  |  |
| Trustee |  |  |  |
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| **23. Bank Account Details** | |
| Account name: |  |
| Bank/Building society: |  |
| Account Number: |  |
| Sort code: |  |

**DECLARATION**

**Please confirm on behalf of your organisation that:**

1. The information provided is correct to the best of my knowledge.
2. Any funding secured will only be used for services or purposes described in this application.
3. Our organisation will keep records of all expenditure and will provide a service report to council officers.
4. Our organisation fully complies with UK Equalities and Human Rights Legislation and promotes equality and diversity in everything we do - we follow anti discriminatory practices and encourage people from different backgrounds and with different abilities to participate in our activities.
5. Our organisation complies with the relevant child or vulnerable adults’ protection requirements (e.g., Criminal Records Bureaux checks), if applicable.

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| **Name of organisation’s representative** (this must be the Chair, Treasurer or Secretary): |  |

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| **Position:** |  |

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| **Signature:** (If submitting via email please type name) |  |

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| **Date:** |  |

**Submission of application and supporting documentation – Please read carefully.**

You are encouraged to submit your application form and supporting documentation via email to [KCYF@lbhf.gov.uk](mailto:KCYF@lbhf.gov.uk)

**Please ensure that you have completed the correct section of the Conditions of Grant Aid document and have either scanned the document and submitted it via email or posted/delivered it to the above address. If you do not submit a signed Conditions of Grant Aid document your application will be ineligible and therefore not assessed.**

If you have any questions, please contact [KCYF@lbhf.gov.uk](mailto:KCYF@lbhf.gov.uk)

**THE BUDGET FOR KCYF IS LIMITED AND IT MAY NOT BE POSSIBLE TO ALLOCATE FUNDING TO ALL APPLICANTS. THE COUNCIL RESERVES THE RIGHT NOT TO ALLOCATE THE FULL KCYF BUDGET IF INSUFFICIENT GOOD QUALITY APPLICATIONS ARE RECEIVED.**