





**Youth Support Grant 2021-2022**

**Third Sector Grant Application Form**

**Expression of Interest**

**Project Name/Centre: -**

**Please return this form electronically to: -**

Owen Shepherd,

Youth Development Coordinator,

Email: owen.shepherd@bridgend.gov.uk

**Please ensure this application form is complete and returned before:**

**4pm on Friday 20 August 2021**

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| **Contact Details of Applicant/Provision:** |
| **Title:** | **First Name:** | **Surname:** |
| **Position:****Type of Provision/Provision Name:****Address and Postcode of Provision:****Geographical Area/Areas Covered:** |
| **Tel:** |
| **Mobile:** |
| **Email:** |

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| **Organisation/Provision Details:** |
| **Please detail how you intend to deliver an open access project to young people, demonstrating the following: -** |
| **1. Location/venue (please give details of any adaptations to your provision needed due to Covid-19)****2. Activities with young people (please give details of any planned changes to your delivery model due to current Covid-19 guidance)****3. Any resources to be used (if applicable)****4. Structure of session (if applicable)** |
| **Does your provision have a confidentiality policy:** *If not, please explain why* |
| **Does your provision hold a set of audited, or independently examined, accounts:** *If not, please explain why* |
| **Does your provision have a child protection/safeguarding policy:** *If not, please explain why* |

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| **Local Need for Young People:***Please refer to guidance notes for more information on what is required within this section* |
| **Please list what current provision is available to young people within your operating area:****Please list any known gaps in provision for young people in your operating area:****Please list the main concerns/needs of young people within your operating area and how your provision will aim to address these:** |

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| **Itemised spend:**  |
| *Please provide a breakdown of how you propose to use this grant* |
| **Breakdown of the costs (including any additional costs linked to Covid-19 that you may wish to utilise part of this grant towards)** |
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| **Sessions days/times and cost per session** |
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| **Any other costs incurred** |
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| **Staff Information:** |
| *Please provide information relating to the specific individuals that will be financially supported as part of your proposed project.*  |
| **Total amount of paid staff:** | **Male:** | **Female:** |
| **Total amount of volunteer staff:** | **Male:** | **Female:** |
| **Please provide a brief account of staff training and qualifications relevant to their role:** |
| **Have all staff within the provision received a DBS:** **Yes No**   |
| **As in previous years, qualified Youth Work staff funded by the Youth Support Grant are required to be registered with the Education Workforce Council. Please confirm the names of individual staff members below that hold a current registration:**  |
| **Staff Member(s)** |
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| **Declaration:** |
| **Applicant Signature:***Singed Print Name**Date* **Authorising Officer Signature:***Signed Print Name**Date* |