

Fermanagh YOUTHBANK 2014 APPLICATION FORM

Your lives and your community ...
What's going on? What matters?
What could make a difference?

Ever wanted to do something about an issue that affects young people or your local community between ages of 11 and 25? Got a good idea for an activity or project that would make a difference for others? If the answer is yes, then you can apply to Fermanagh YouthBank for a grant of up to **£1,000** to help make it happen!

When we are trying to work out who will get a grant, our YouthBank will look to see if your idea is:

- **Youth-led** – This means it should be your idea and you are the ones that will make it happen. You can ask an adult to support you in what you want to do.
- **Clear and realistic**
- **Good value for money**
- **Going to do something positive about an issue that affects young people or your local community AND meets one of the following;**

Key priorities for Youth Bank Applications 2014 which support initiatives involving young people between 11 and 25 years of age;

- 1) **Training and services for suicide awareness**
- 2) **Improvement in services for the LGBT community**
- 3) **Need for cross community residential programmes**
- 4) **Development of disability sports activity in rural areas**

1 Group Name (if you have one): _____

2 Supporting Organisation (if you have one): _____

3 Contact Address: _____

4 Postcode: _____

5 Tel: _____ Mobile: _____

Email: _____

6 Name of person completing this form: _____ Age: _____ Sex: _____

7 Using the grid below include information about the other members of your group (minimum of 1 or 2 other people)

Name	Age	Gender: male or female

8 Title of project idea (if you have one): _____

9 Tell us about your idea? _____

10 To get a grant your idea must do something positive about an issue that affects young people or your local community. What issue will your activity do something about and how will it make a difference?

11 Where will your project take place?

12 Apart from your own group, how many people, and in what age-range, will benefit from your project? (Please put figures in any of the boxes below that are relevant to you. We understand that there may be nobody else other than your group who benefits from this funding).

0 – 11 years of age 11 – 16 17 – 18

19 – 25 years of age 25+ 60+

13 When will this project begin? _____

14 How long will this project last? _____

15 Is anyone else helping you with your project or will they be involved in delivering it? Please tell us who they are, what their role is and how they will help?

16 Please tell us what you need funding for.

Things you'll need	Cost each	Number needed	Total
		Total Cost of Project:	

17 What is the total funding you would like from Fermanagh YouthBank? _____

18 If your activity is going to cost more than you are applying to Fermanagh YouthBank for, please tell us where the rest of the money you need will come from?

Signature (of person completing this form): _____ **Date:** _____

Please return completed form to:

Fermanagh YouthBank
C/O Hazel McFarland
Fermanagh House
Broadmeadow Place
Enniskillen
BT74 7HR
02866320210
fermanaghyouthbank@yahoo.co.uk

Closing Date: 12 noon 2nd May 2014

If you require any more information regarding this form or need assistance with completing it then please contact the address above.

OFFICIAL USE ONLY:

Eligible idea (Y/N)	Interview (date and time)	YB Interviewers (2 names)	Score (number)	Grant (amount in £s)	YB support workers (2 names)	Contract signed (date)	Feedback/finance form received (date)	Receipts attached and checked (date)