

# LYCHGATE YOUTH TRUST



## *GRANT APPLICATION*

### **PURPOSE**

The Lychgate Youth Trust is a charity which seeks to fund youth activities which operate within the Benefice of Shere & Peaslake, Albury and Chilworth. Until 2008 this was done through funding a full-time Youth Worker and their operations, but since 2009 the Lychgate Youth Trust (LYT) has operated in a different way and now seeks to financially support other organisations within the Benefice in their youth work. It also seeks to fund individual projects that will improve the welfare of youth.

### **APPLICATIONS**

Applications will be considered for youth work within the Benefice consistent with the aims and objectives of the LYT and in consideration of its budget restraints. The extent to which your organisation or project application meets the criteria below will be a factor in determining the success of your application. Applications will be generally viewed at the end of July and the end of December.

### **CRITERIA**

*(For criteria below marked with an \* supporting evidence must be submitted with the application or recourse to such evidence given i.e. link to an organisation's website.)*

1. \*A Child Protection Policy is in actively in operation, including CRB checks on all relevant adults. (\*\*see below for more information)
2. \*Public Liability insurance.
3. Demonstration of the need for the activity for young people in the Benefice
4. Demonstration of the quality of the activity for which the funding is sought.
5. Facilitating and promoting better health and/or sense of wellbeing in young people.
6. Financial position/stability of the organisation/project.
7. Future sustainability of the project/service.
8. Number of young people (under 18) both in the organisation and as users of the service
9. Percentage of the cost of activity being requested from the LYT and the evidence of fundraising activities.
10. Social inclusion: wide range of users.
11. Support from other relevant organisations/funding bodies.
12. Advertising your activity throughout the benefice.

*(\*\* For guidance see the Guildford Diocese procedures for Child Protection. *The Care and Protection of Children and Keeping Children Safe In The Church: a Brief Guide to the Diocesan Child Protection Procedures.* These documents can be found at <http://www.cofeguildford.org.uk> under Youth and Children.)*

# Section One – Your Group

*(i.e. church, association, organisation at local level)*

1. Name of group applying for the grant:.....
- Group's address:.....
- .....Postcode.....
- Website address:.....
- Name of main contact:.....
- Position in group:.....
- Address of main contact (if different from above):.....
- .....Postcode.....
- Tel (day).....(eve).....email.....

2. Are you a registered charity? No:  Yes:  number.....

3. What briefly does your group do?

4. Does your group receive funds from elsewhere? Please give brief details. (see Q. 13)

5. Does your group have a Christian link? Please give details.

## **Section Two – The activity / project for which you are applying for a LYT grant.**

6. Please complete the following boxes:

Description of activity / project:

Why is there a need for your activity / project?

How are you going to advertise this service in the benefice?

(If your application is successful the LYT asks to be advertised through your activity so as to heighten the visibility of its work and to help in its sponsorship. This could be through promotional literature where possible, web site or LYT signs that can be displayed at activity sites.)

Premises details (address and tel. no.)

Activity opening days:

Activity hours:

7. What age range of children / young people are involved in the activity?

		<i>Rough Number</i>	<i>Boys/Girls?</i>
4-7 years old	<input type="checkbox"/>	<input type="checkbox"/>	.....
7-12 years old	<input type="checkbox"/>	<input type="checkbox"/>	.....
12-15 years old	<input type="checkbox"/>	<input type="checkbox"/>	.....
15-18 years old	<input type="checkbox"/>	<input type="checkbox"/>	.....

8. Are there any children that may be described as (please tick where appropriate):

Disabled?  Vulnerable?

9. Where do most of these children and young people live? Please give the name of village or town.

.....

How far will **most** of the participants have to travel to take part in this activity?

0 ó 1 mile  2-5 miles  6-10 miles

**10.** How many of each of the following people will be involved in running your activity

Paid staff .....

Parent volunteers.....

Children and young

People volunteers.....

Other volunteers.....

Please list the tasks of the volunteers:

**11.** Do you have a Child Protection Policy and Public Liability insurance covering this activity?

Child Protection Policy? .... YES / NO  
*(Circle as appropriate)*

Public Liability insurance?.....YES / NO

I am enclosing copies of this policy and insurance with this application

My group's Child Protection Policy and Public Liability insurance are available to be seen at

www.....

**12.** The LYT will require a report to its trustees on the effects of your activity / expenditure, telling of the difference that it has made to children and young people. For one off events and projects a report should be submitted within one month of the event. For ongoing activities a yearly report will be necessary. This will need to be one month in advance of the LYT's annual general meeting, which is usually June. This can be made to any of the members of the grant committee and or to the LYT's secretary. Who will be responsible for submitting this report?

Name:.....

Contact details: Tel:.....email.....

## Section Three – Finance.

- 13.** In the table below please give us a breakdown of the cost of your activity / expenditure and the total cost:  
(continue on an additional sheet if necessary)

ITEM	DESCRIPTION / BREAKDOWN OF COST	COST
Total cost		

- 14.** What other sources of money support your group, including membership fees, grants etc?

SOURCE OF MONEY	AMOUNT
Total amount in	

- 15.** What is the total amount of funding that you are looking for the LYT to fund your activity / project?.....£.....

16. A) When will your funded activity / expenditure start? Month.....Year.....

B) When will your funded activity / expenditure end? Month.....Year.....

17. Has your group received funding from the LYT in the past? Yes  No

If yes please give date and details:

18. Does your group have its own bank account? Yes  No

If Yes then:

Bank Account Name.....

Bank Account Number 

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 Sort Code: 

		*			*		
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Bank name and Branch.....

## Other information.

19. Is there anything you would like to add to support your application?

# Independent Referee

This section should be filled by someone who knows you and your group **but is not involved directly with your group** or is a family member.

Name:.....Occupation:.....

Organisation:.....

Contact Address:.....

.....Postcode.....

Telephone number.....Best time to call.....

Email.....

I can confirm that I know the group that has applied for LYT funding but have no direct involvement in it of its activities. I have read the application and support the request for funding. I can be contacted to discuss the activity / project and may be asked to give a written reference.

Signature.....Date.....

# Statement of Applicant

Please check that all sections of the form have been completed and sign below.

I confirm that the information in this application form is correct. If a grant is awarded from the LYT for Children and Young People it will be used only for the purposes given and according to any conditions specified. We understand that after payment of a grant, we will be expected to provide information on the progress of the activity / project and also proof of expenditure. We accept that the LYT has a right to withdraw any grant should any of the above not be adhered to.

**Signature 1** (person submitting this form)

Name:.....Position:.....

Signature:.....Date:.....

**Signature 2** (member of your group's management committee)

Name:.....Position:.....

Signature:.....Date:.....

**REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

Please return your completed application form with any necessary enclosures (i.e. evidence of Child Protection Policy, Public Liability insurance) to:

**For Shere, Peaslake & Gomshall:**

Sarah Hutton. Netley House, Shere Road, Gomshill, Surrey, GU5 9QA

Tel: 01483 203800 email: [sarah@handr.co.uk](mailto:sarah@handr.co.uk)

**For Albury:**

Diann Arnfield. Elmston, Colekitchen Lane, Gomshill, Surrey, GU5 9LH

Tel: 01483 203464 email: [diannmary@f2s.com](mailto:diannmary@f2s.com)

**For Chilworth:**

Tim Foulsham. 3 Copse Close, Chilworth, Guildford, Surrey. GU4 8LY

Tel: 01483 455728 email: [tfoulshamhome@onetel.com](mailto:tfoulshamhome@onetel.com)

*Applications will be dealt with as soon as possible. In the event of a successful application the grant committee and LYT Treasurer will arrange transfer of funds. If the application is for an ongoing activity then funds will be transferred in instalments. Also, conditions may be set to enable the continual transfer of funds.*

LYCHGATE YOUTH TRUST

[www.lychgateyouthtrust.org](http://www.lychgateyouthtrust.org)

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