**Logo, company name

Description automatically generated**

**Elevate Fund (Project Grants) - Application Form  
Application timeline:**

* Applications are received on a rolling basis all year round.
* Panel will meet and make decisions monthly.
* The grant is accessible to all members for a maximum of £5000 per opportunity. Larger grants may be considered subject to supporting evidence and justification.

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| --- |
| Title of the project:  Project Start and End Dates: |

**Section A: Personal and Organisation Details**

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| --- | --- |
| Name of Organisation |  |
| Name of Lead Contact and Position |  |
| Alternative Contact Email |  |
| Address |  |
| Email |  |
| Phone |  |
| Legal Status i.e., Charity, CIC, CIO etc |  |
| Charity Number (if applicable) |  |
| Website |  |
| Social Media |  |

|  |  |
| --- | --- |
| **What does your organisation do? (100 Words)** |  |
| **What is its primary Focus? (50 Words)** |  |

**Section B: Eligibility check**

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| --- | --- |
| Is your organisation a member of YBF? | Yes/ No |
| Has your organisation received funding directly from John Lyon’s Charity before? | Yes/ No |
| Has your organisation received the same grant within the past 12 months? If so, which one? | Yes/ No |
| What is the income of your organisation in the latest financial year? Please supply financial proof. |  |
| Does your organisation have a Safeguarding and Child Protection Policy? Please attach it in the application. | Yes/ No |

**Section C: The activity/project**

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| **In summary what is the main purpose of your funding request (50 words)** |
| “The funding is for…” |

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| **Why is this activity/project needed in your community? How will children and young people benefit from it? (200 Words)** |
|  |

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| **How have you involved parents/young people in the decision making and planning for this activity/project?** |
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| --- |
| **How do you intend to work in partnership with other voluntary sector partners to deliver improved outcomes for children and young people?** |
|  |

**Section D: Budget**

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| **How will you spend the grant? Please provide a detailed budget (Please attach).** |
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| **Will you be seeking additional source of funding to support the activity/ project?** |
|  |

**Section E: Project evaluation**

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| --- | --- |
| **Who will be the beneficiaries?** | |
| Age Group: | Number of beneficiaries: |
| **What will be the outputs?** | |
| Activities:  *(E.g. vocational workshops)* | Number of sessions:  *(E.g. 5 sessions)* |

|  |
| --- |
| **What are the indicators you will use to measure the changes of participants in terms of their behaviour, attitude, condition and knowledge?**  **How else will you monitor and evaluate the project?** |
| Behaviour:  Attitude:  Condition (Optional):  Knowledge:  Others: |

Once completed, please return the form and attachments to [grants@youngbrentfoundation.org.uk](mailto:grants@youngbrentfoundation.org.uk). If you have any difficulties completing or submitting this form, please email the address above.