

Children & Youth Work Committee



Grant Application – Group

1. Details:

Name of group: _____

Number in group: _____ Age range: _____

Person responsible for group: _____

Address of the leader: _____

_____ Postcode: _____

Tel. No.: _____ Synod: _____

E-mail address: _____

2. Please give the number of children/young people and leaders taking part: Leaders: _____

Children/young people: _____

3. Details of what the grant is required for:

How does this meet the criteria? _____

Date and venue: _____

Total cost: _____ Grant amount requested: _____

Please give brief reasons why a grant is required: _____

4. Please attach a programme if possible.

5. Is your Group affiliated to/sponsored by the Church in which you meet? YES NO

6. Have you applied to us before for funding? YES NO

If yes, when was your last successful application? _____

What was this for? _____

How much was it for? _____

7. Have you undertaken or planned any fundraising activities? YES NO

If yes, please say what fundraising you have undertaken: _____

If not, why not? _____

How much have you raised to date?: _____

8. Have you requested help from your local church or Synod? YES NO

If so, and you have been successful how much have you received? _____

If not, why not?: _____

9. Have you received funding from another source? YES NO

If so, what is that source and how much have you received? _____

10. If you are successful, who should the grant be paid to and how (cheque/BACS)? _____

11. Have all leaders had the relevant DBS checks and can you assure us that you will follow the Good Practice guidelines? _____

Reference

Please give the name and address of someone who can act as a referee on your behalf (eg. a Children's or Youth Worker, Elder or Minister) and pass on the Support Reference form to returned to us, along with this form, at the address below.

Name: _____ Tel. no.: _____

Address: _____

_____ Postcode: _____

I confirm that I will send a report of the trip to the Children's & Youth Work Committee on our return.

Signature of Leader: _____ Date: _____

Please return the completed forms to:

**Small Grants Fund,
Children's and Youth Work Office,
United Reformed Church,
86 Tavistock Place,
London WC1H 9RT
Email: children.youth@urc.org.uk**