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**The Gannochy Trust Youth Panel Fund**

**Application Form**

Welcome to The Gannochy Trust’s Youth Panel Fund application form. Before completing this application, please read The Gannochy Trust Grant Strategy 2022 to 2027 and the Youth Panel Fund Guidance Notes for Applicants to ensure your charity and the work you would like us to fund are eligible. Please return this application in MS Word format.

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| **YOUR ORGANISATION** | | | |
| **Legal name of organisation:**  (as registered with OSCR or the Charity Commission) |  | | | |
| **Name that you are known by:**  (if different to above) |  | | | |
| **OSCR Charity Number:**  **Company Number** (if applicable): |  | **Year Established:** |  | |
| **Main Office Address**: |  | | | |
| **Postcode:** |  | | | |
| **Telephone:** |  | | | |
| **Website Address:** |  | | | |
| **Name of Main Contact:** |  | | | |
| **Position held:** |  | | | |
| **Main Contact address:**  (if different to above) |  | | | |
| **Main Contact email:** |  | | | |
| **Main Contact telephone:** |  | | | |

**Board of Directors/Trustees (Please add additional rows as required)**

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| **FORENAMES** | **SURNAME** | **POSITION ON COMMITTEE** |
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**For Office Use:**

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| **Reference Number:** | **Grant Requested:** | **Grant Awarded:** | **Eligibility Checked:** |
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| 1. **GIVE A BRIEF DESCRIPTION OF YOUR ORGANISATION AND WHO IT SUPPORTS (YOUR BENEFICIARIES):**   **(UP TO 200 WORDS)** |
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| 1. **STAFF AND VOLUNTEERS - PLEASE STATE THE NUMBER OF PEOPLE INVOLVED IN YOUR ORGANISATION:** | | | | |
| **Staff:** | Full-time: |  | Part-time: |  |
| **Volunteers:** |  | | | |

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| **OUTCOME/S THAT YOU WILL BE ACHIEVING** |

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| 1. **WHICH OF THE YOUTH PANEL OUTCOMES ARE YOU APPLYING UNDER?**   **PLEASE SELECT UP TO THREE THAT BEST APPLY BY MARKING THEM WITH AN “X”:** | |
| **YOUTH ACTIVITY** | |
| * Providing groups of young people with the opportunity to experience travel and new environments (Care experienced young people need not travel as part of a group) |  |
| * Providing a safe place for young people to meet and socialise |  |
| * Opportunities for young people to explore music and/or art |  |
| * Activity that delivers positive environmental change |  |
| **YOUTH VOICE** | |
| * Empowering young people and ensuring that their voices are heard |  |
| * Supporting youth leadership in local communities |  |
| **YOUTH HEALTH & WELLBEING** | |
| * Provision of free or affordable meals |  |
| * Development of independent living skills |  |
| * Activity that is focused on improving mental health |  |
| * Improved access to the outdoors |  |

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| **PURPOSE OF FUNDING** |
| **THIS SECTION WILL ENABLE YOU TO DESCRIBE THE WORK OR ACTIVITY THAT YOU ARE ASKING US TO FUND.** |

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| **4 a. PURPOSE (Please refer to the Youth Panel Fund Guidance Notes for Grant Applicants document)** |
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| **4 b. DESCRIPTION OF THE WORK OR ACTIVITY, WHO THE BENEFICIARIES ARE, AND ANY COLLABORATION/PARTNERS**  **(UP TO 300 WORDS)** |
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| **4 c. HOW HAVE YOU IDENTIFIED THE NEED FOR THIS PROJECT OR ACTIVITY? WHO HAVE YOU CONSULTED AND HOW HAVE YOU INCLUDED THE VIEWS OF** **YOUR BENEFICIARIES IN THIS? (UP TO 150 WORDS)** |
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| **4 d. HOW WILL YOU KNOW THAT YOU HAVE ACHIEVED THE OUTCOMES SELECTED IN QUESTION 3?**  **(UP TO 100 WORDS)** |
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| **Staff:** | Full-time: |  | Part-time: |  |
| **Volunteers:** |  | | | |

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| **5. PLEASE STATE THE NUMBER OF YOUNG PEOPLE THAT WILL DIRECTLY BENEFIT FROM YOUR PROPOSED WORK:** | |
| **Direct Beneficiaries aged 11 to 21** |  |
| **Direct Beneficiaries aged 22 to 26** |  |
| **Total** |  |

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| **6. WHEN WOULD YOU LIKE THIS FUNDING TO START AND FINISH?** | | | |
| **Start Date:** |  | **End Date:**  (Must be within 1 year of Start Date) |  |

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| **7. THE YOUTH PANEL EXPECT THAT YOUNG PEOPLE THAT MAY BENEFIT FROM YOUR APPLICATION WILL HAVE BEEN DIRECTLY INVOLVED IN WRITING THIS APPLICATION AND WOULD LIKE TO HEAR FROM THEM IN A VIDEO LASTING NO MORE THAN 3 MINUTES. THERE ARE THREE OPTIONS TO GET YOUR VIDEO TO US:**  **1 - PLEASE PROVIDE A URL LINK IN THE BOX BELOW**  **2- PROVIDE AN EMAIL ADDRESS IN THE BOX BELOW AND IT WILL BE SENT A SECURE LINK TO UPLOAD YOUR VIDEO**  **3 -HOLD DOWN “CTRL” BUTTON AND CLICK ON THIS LINK AND UPLOAD YOUR VIDEO -**  [Youth Panel Videos](https://gannochytrust-my.sharepoint.com/:f:/g/personal/steven_greig_gannochytrust_org_uk/EnCKYo_EyX9LoNYJQMrPw_sBpBn8DFdS5RDSjwOfd62-Lg)  **(Please check guidance notes for information on Protection of Vulnerable Groups and non-video alternatives)** |
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| **8. ANY ADDITIONAL INFORMATION YOU WISH TO SHARE WITH US ABOUT YOUR APPLICATION. (UP TO 150 WORDS)** |
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| **9. BUDGET (YOU MAY INSERT AS MANY ADDITIONAL LINES AS REQUIRED)** |  |
| **EXPENDITURE** | **AMOUNT** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **TOTAL EXPENDITURE** | **£** |
| **INCOME (Include your charity’s own contribution, gifts in kind, expected income from ticket sales and any other funding from other sources)** | **AMOUNT** |
| **Own Contribution** | £ |
| **Gifts in kind** | £ |
| **Other:** | £ |
|  |  |
|  | **£** |
| **TOTAL INCOME** | **£** |
| **SHORTFALL** | |
| **PROJECTED SHORTFALL REQUESTED FROM THE GANNOCHY TRUST YOUTH PANEL FUND** | **£** |
| **ANY COMMENTS YOU WOULD LIKE TO MAKE ON THE BUDGET?** | |
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| **10. GOVERNANCE, POLICIES AND PROCEDURES** |

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| **GOVERNANCE (PLEASE MARK THE RELEVANT BOXES WITH AN “X”)** | | | | |
| Are any of your Trustees also paid members of staff? | Yes |  | No |  |
| If Yes, please tell us their name(s), position within the organisation, and their role on the board. | | | | |
|  | | | | |
| * + Does your governing document allow for this? | Yes |  | No |  |
| * + Do you have a conflict of interest policy in place? | Yes |  | No |  |
| **POLICIES AND PROCEDURES (PLEASE TICK THE RELEVANT BOXES)** | | | | |
| Are staff and volunteers given appropriate health and safety training or guidance for the work you undertake? | Yes |  | No |  |
| Are appropriate risk assessments carried out as necessary? | Yes |  | No |  |
| Are appropriate Protecting Vulnerable Groups policies in place, and are they reviewed regularly? | Yes |  | No |  |
| Are rigorous recruitment and selection processes in place for staff and volunteers who work with vulnerable groups? | Yes |  | No |  |

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| **11. DECLARATION** |

I confirm that I am authorised to submit this application and authorise The Gannochy Trust, to:

* publish details of the organisation and the financial support provided by The Gannochy Trust Youth Panel Fund
* pass any details obtained about the organisation through this application or subsequent assessment procedures or reports to external agencies, including other grant-making bodies
* use such information as part of any survey or evaluation undertaken by The Gannochy Trust
* publish details as part of any press release or publication

In signing this form, I confirm the above statements are true and that all the information provided in this application is correct.

I can confirm that the policies and procedures referred to in Section 10 are in place and reviewed regularly.

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| **SIGNATURE OF BOARD MEMBER OR CEO:** | |
|  | |
| **Print Name:** |  |
| **Position Held:** |  |
| **Date:** |  |

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| **DATA PROTECTION** |
| In submitting this form you are confirming that any individuals identified in your application have given you their agreement and permission to pass any personal information to The Gannochy Trust. Personal information will be held in accordance with the Trust’s Privacy Policy which can be found on the Trust’s website at [www.gannochytrust.org.uk](http://www.gannochytrust.org.uk) under ‘About Us’.  The Gannochy Trust will use the information that you have provided to us for the purposes of assessing your application, managing or monitoring any grant awarded, related administration or research purposes, and may share relevant information with other organisations to use in their own assessment of applications and managing or monitoring grants. |

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| **12. CHECKLIST** | |
| **PLEASE ENSURE THAT YOU HAVE ENCLOSED THE FOLLOWING DOCUMENTS. (TICK THE RELEVANT BOXES)**  **(FURTHER INFORMATION CAN BE FOUND IN THE GUIDANCE NOTES FOR GRANT APPLICANTS)** | |
| Your most recent signed annual accounts |  |
| **IF YOU ARE A NEW ORGANISATION, WE WILL ALSO REQUIRE:** | |
| A copy of your constitution or governing document |  |
| A photocopy of a recent bank statement and a projected cash flow statement for the first year. |  |

# Your completed application (in MS Word format) and accompanying documents should be submitted to [grants@gannochytrust.org.uk](mailto:grants@gannochytrust.org.uk)

# If you have any queries, please do not hesitate to contact:

# The Gannochy Trust, Pitcullen Crescent, Perth, PH2 7HX Tel: 01738 620653

# Scottish Charity Number: SC003133