

**Build Up Fund 2020-21 │Application Form**

**Youth Crime prevention & Organisational Development Grants.**

**\*\*\*\*Please read the guidance notes before applying\*\*\*\***

This form has four sections A, B, B1 and C. All applicants should complete Sections A- contact details and C- Financial information.

Section B: is for those applicants who are applying for training costs either on **1) Youth crime prevention or 3) Organisational Sustainability.** See pages 1, 2 & 3 of the guidelines.

Section B1: is only for organisations applying for number **2) Collaborating or sharing best practice on youth crime prevention schemes** (leave this section blank if you are applying for training costs or backfilling posts). See page 2 of the guidelines.

**Section A: Personal and Organisation Details**

|  |  |
| --- | --- |
| Name of Organisation  |  |
| Name of Lead Contact and Position |  |
| Address |  |
| Email  |  |
| Phone |  |
| Alternative contact name:  |  |
| Email |  |
| Phone  |  |
| Legal Status |  |
| Charity Number (if applicable)  |  |
| Annual income 2019/20 £ |  |
| Website  |  |
| Social Media  |  |
| YCF member:  | Yes: [ ]  No: [ ]  Just applied: [ ]  |

**Section B: Your Project**

|  |
| --- |
| **1.What are you applying for? (Please tick as many as relevant)** |
|  |
| **1)Crime prevention/support related training** [ ]  **Go to Question 2** |
| **3)Organisational sustainability related training & backfilling post(s)** [ ]  **Go to Question 2** |
| **2) Collaborating or Sharing good practice** [ ]  **Go to Section B1** |

|  |
| --- |
| **2.Please list the type of training you would like to access and explain why this training is needed?**  |
|  |

|  |
| --- |
| **3.Please list the outcomes of the training (please refer to the outcomes listed in the guidance notes)** |
|  |

|  |
| --- |
| **4.Have you identified a training provider? Yes** [ ]  **No** [ ] If your answered yes please give details: (name and contact of the relevant organisation) |
|  |

|  |
| --- |
| **5. Please describe how you plan to share the learning acquired across your organisation & in your wider network?** |
|  |

|  |
| --- |
| **6.Please tell us the number and titles of the staff/trustees/volunteers who will benefit from the training?** |
| **Description** | **Number** |
| Total number of participants(if you are applying for more than one training please list the training title or sessions as in: Training 1 & Number of people, Training 2 & Number of people and so forth) |  |
| Type of work these people do on a daily basis (or job titles) please list: |  |
| Do any of them have special needs? |  |
| How many of them are full time/part time/volunteers/freelancers? | **Part time:****Full time:** **Volunteers:**  |

|  |
| --- |
| **7.How will you monitor the impact of this training on your organisation’s & staff performance?**  |
|  |
| *If you require monitoring and evaluation support, please get in touch with the YCF team at* *info@youngcamdenfoundation.org.uk* |

|  |
| --- |
| **8.In which month and year would you like this training to take place? Please add a date(s) and details of number of sessions and hours in training.** |
| **Date (month/year):** |
| **Number of days:** |
| **Number of sessions:** |

**Section B1. This section is to be answered by organisations applying for 2) Collaborating or sharing best practice on youth crime prevention schemes only. Go to SECTION C-** If you are not applying for collaborating or sharing best practice.

|  |
| --- |
| **B9.Please describe the knowledge and expertise that you would like to share and how have you acquired this?** |
|  |

|  |
| --- |
| **B10. Please describe how you plan to share this knowledge? I.e. Produce a toolkit, share this toolkit, mentoring another organisation to apply your model of work etc.**  |
|  |

|  |
| --- |
| **B11. How does the above meet the outcomes of this grant?** |
|  |

|  |
| --- |
| **B12.Please tell us the number and titles of the staff/trustees/volunteers who will benefit from your expertise? (provide as much detail as you can, if this is still to be determined leave it blank or provide evidence of need for this training)** |
| **Description** | **Number** |
| Name and number of organisations you will be working with |  |
| Total number of staff giving the training or mentoring or producing the toolkit |  |
| Number of days or hours invested in the development |  |
| Number of days or hours that will be invested in helping others learn or adopt a method |  |
| Total number of participants from the organisation benefiting from your expertise |  |
| Type of work these people do on a daily basis (or job titles) please list: |  |
| Do any of them have special needs?  |  |
| How many of them are full time/part time/volunteers/freelancers? | **Part time:****Full time:** **Volunteers:**  |

|  |
| --- |
| **B13. What is the timeline for your organisation to deliver the collaboration and best practice sharing project? Please include approximate dates.**  |
|  |

|  |
| --- |
| **B14.How will you monitor the impact of this training on the organisations you collaborate or share with?** |
|  |

|  |
| --- |
| **B15. How will you record and incorporate the learning you gain from sharing your knowledge with others?**  |
|  |

 **Section C: Budget –**All applicants should answer the questions in this section.

|  |
| --- |
| **16.What is the total amount you are applying for? £** |
| **What will your activity/ project cost and how will you spend the money? Please provide a detailed budget (attach if necessary or feel free to add more lines).**  |
| **Items/Description** | **Cost** |
| Training:  |  |
|  |  |
| Collaborating and Sharing expertise:  |  |
|  |  |
| Backfilling posts (hours/days, add base salary): |  |
|  |  |
| Other (please describe):  |  |
| **Total:** |  |

|  |
| --- |
| **17.If you are applying for backfilling posts please explain who will replace the staff, and what activities will they do whilst current staff members are in training. (Safe recruitment should be in place)** |
|  |

|  |
| --- |
| **18.Will you get additional funding to support your training needs? (please explain where from)** |
| Is this funding confirmed: No [ ]  Yes [ ]  |

|  |
| --- |
| **19.How will you keep a record of spending?** |
|  |

|  |
| --- |
| **20. Please tell us how you have involved staff/trustees/volunteers in the decision-making process? (please be as concise as possible)** |
|  |

|  |
| --- |
| **21. Have you conducted a Covid-19 related risk assessment?** **Yes** [ ]  **No** [ ]  |

**Please ensure that you send a copy of the following documents with your application. Your application will NOT be considered if these document are missing.**

|  |  |
| --- | --- |
|  |  |
| **Document\*:** | **Tick if Attached:** |
| Copy of your organisations’ constitution  |[ ]
| Safeguarding policy (Including online safeguarding) |[ ]
| Data Protection-GDPR policy  |[ ]
| Copy of your latest year accounts |[ ]

**\***If you have applied to other YCF funds in the last six months and have submitted the above you **do not** need to submit these again.

Once completed, please return the form to: grants@youngcamdenfoundation.org.uk

If you have any difficulties completing or submitting this form, please email the address above.

Applications close at **9am on 30 November 2020**. Only applications received before this deadline will be considered for funding.

There is a possibility that this fund will re-open for applications in **January 2021** depending on availability of funds.