

Pro Forma

Statement of income and expenditure of applicant Youth Group

For the period of twelve months from ---- / ---- / 20---- to ---- / ---- / 20----
(insert group's financial year dates)

Name of Youth group

Expenditure

Deficit brought forward from previous year	£
Rent	£
Rates	£
Water rates	£
Gas	£
Electricity	£
Caretaking	£
Equipment	£
Repairs / Decoration	£
Other Expenditure (please give details)	£
Surplus carried forward to next year	£
Total	£

Income

Surplus brought forward from previous year	£
Subscriptions	£
Donations	£
Voluntary Youth Organisation Shire Grant	£
Other Grants	£
Other Income (please give details)	£
Deficit carried forward to next year	£
Total	£

Leicestershire County Council, Youth Service,
County Hall, Glenfield, Leicestershire LE3 8RF

Telephone 0116 305 6394 Fax 0116 305 6398 E-mail youthservice@leics.gov.uk

If you have communication difficulties Typetalk and TextDirect can be used when contacting us.

Information from this leaflet is also available in alternative versions (e.g. large print, Braille, tape or an alternative language) by contacting us as shown above.

**Application Form****Grant Aid for Voluntary Youth Organisations**

Please read the guidance notes (FormVY1) before completing this application form

1. Applicant Details (please complete all questions)

1.1 Name of Youth Group:

1.2 Full name and address, including postcode, of premises where Youth Group meets:

1.3 In which District/Borough are the Youth Group premises located? (please tick)

- Blaby Melton
 Charnwood North West Leicestershire
 Hinckley & Bosworth Oadby & Wigston
 Market Harborough County Wide Groups

1.4 i) Are the premises owned or rented by your Youth Group? (please tick)

- Owned Rented

ii) If rented, please state the rent paid per annum: £

1.5 i) Does your Youth Group meet in a school? (please tick)

- Yes No

ii) If yes, does the school provide any subsidy towards the rental costs and / or does your group receive any other type of Shire Grant or other funding from Leicestershire County Council to support costs?

Yes (please provide further details):

No

1.6 i) How many weeks of the year does your Voluntary Youth Group meet to provide activities for 11 – 19 year olds and / or young people aged 11 - 25 years who have learning difficulties or disabilities

ii) Please insert in the grid below the times during which your youth group meets each week

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

1.7 i) How many individual young people, from the age groups stated in 1.6 i) above, attended your voluntary youth group regularly during the last year (1 April – 31 March)?

ii) In the grid below please give details of the number of individual young people, from the age groups stated in 1.6 i) above, who are expected to attend regularly during the coming year (1 April – 31 March)

Age range (years)	Males	Females	Total
11 – 19			
20 - 25			
Grand totals			

1.8 Give a brief description of the main aims and activities of your Youth Group

1.9 Give the names and phone numbers of those holding the following positions

	Name	Telephone number
Chair/President/ Key responsible worker		
Secretary		
Treasurer		

1.10 Give contact details for any future correspondence relating to this application

Title First Name

Surname

Address

Postcode

Telephone Day Evening

Telephone Mobile Email

2. Finance

2.1 Please state the total of your youth group's bank and cash balance at the end of the financial year (as shown on your audited accounts). A grant will not be allocated unless this information is provided.

2.2 It is essential that you submit with your application form either a copy of your youth group's latest audited accounts or a completed income and expenditure pro forma (please see blank pro forma overleaf).

SPECIAL NOTE

2.3 Separate information must be given in respect of any investments held by the Youth Group. Newly formed Youth Groups must provide estimated income and expenditure for the next twelve months by completing the blank pro forma overleaf.

3. Application Confirmation

3.1 I certify that the information given in this application is correct and that the Youth Group on whose behalf I am making this application meets the criteria and conditions set out in the guidance notes.

Signed:

Date:

Address:

Position held in Youth Group:

3.2 **Please ensure that all supporting documentation requested is enclosed. Processing cannot commence until all paperwork has been received.**

3.3 Please return this application form to:

Shire Grants Administrative Officer
Youth Service
Room G16
County Hall
Glenfield
Leicester
LE3 8RF

Closing date for applications is 30th April