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**Momentum Grant Application 2024**

**Please read the guidelines on the** [**Momentum**](https://www.momentumnorfolk.org.uk/what-we-do/grants/momentum-norfolk-small-grants/) **website before completing this form.**

**Momentum grant applications are assessed by young people for young people. Grant applications are more likely to be successful if you can show that young people have been consulted and support the proposal.**

**Have you joined the** [**Voluntary Norfolk Network**](https://www.voluntarynorfolk.org.uk/voluntary-sector-support/the-voluntary-norfolk-network/)**? If not please sign up via our website as we only accept grant applications from organisations that have joined the Network. For more information email** **network@voluntarynorfolk.org.uk**

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| **Please select which Momentum Grant you would like to apply for:** |
|  Start-Up / Capacity (up to £500) Activity / Project (up to £500) Training and Development (up to £500) Equipment / Resources (up to £500) |
| **How did you hear about Momentum Grants and Funding?** **(Please feel free to tick more than one option if appropriate)** |
| Momentum (Part of Voluntary Norfolk) Website Momentum Social Media Momentum / Voluntary Norfolk Member of Staff Newsletter Networking Event Another Organisation *(if ticked, please specify the Organisation)* …………………………………………………………Other *(if ticked, please specify)* ……………………………………………………………………………………………………………. |

**About Your Organisation:**

|  |  |
| --- | --- |
| **Name of group / organisation** |  |
| **Applicant Name** |  |
| **Role** |  |
| **Address** |  |
| **Postcode** |  | **Telephone** |  |
| **Email Address** |  |
| **District / area your group operates in** |  |
| **Aims and objectives of your group / organisation** |  |
| **As part of the application process we will need to visit your group. Please give us details of when and where you meet.** |  **Venue:**  | **Time:** |
| **Day of the Week:**  | **Any other useful information:** |
| **Can you tell us more about the young people you work with and what your group does?** |
|  |
| **Does your group work directly with: (tick all that apply)** |
|  Under 5s 6-10 year olds 11-19 year olds Over 19 years  |
| **How many 11-19 year olds attend your group?** |
|   |

**Grant Details:**

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| **Please tell us what the grant will be used for:** |
|  |
| **How will the grant benefit young people? Tick all the boxes that are relevant.** |
| Education and employment |  | Gaining new skills |  |
| Health |  | Behaviour |  |
| Emotional wellbeing |  | Self-confidence |  |
| Keeping safe |  | Social skills – improved relationships |  |
| **Tell us a bit more about the difference the grant will make specifically to the young people you work with? How will it add value to your work?** |
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| **When will the activity take place?** |
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**Financial Information:**

Please give a breakdown of the total costs. You must include proof of costs or quotes with your application.

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| --- | --- |
| **Description / Breakdown of Costs** | **Amount** |
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|  |  |
|  |  |
|  **Total Cost:** | **£** |

Please provide details of any funding you have already raised to cover these costs:

|  |  |
| --- | --- |
| **Funding already in place:** | **Amount** |
|  |  |
| **Total raised by young people** | **£** |
| **How much are you asking Momentum for:** | **£** |

**Please confirm you have the following documents in place. If you don’t have these documents you can’t apply for a grant at the moment but we can support you to get them in place to enable you to apply in the future.**

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| --- | --- | --- |
|  | **Tick** | **Date adopted / last reviewed / renewed** |
| Constitution or rules of Governance |  |  |
| Public liability and contents insurance |  |  |
| Health and Safety policy |  |  |
| Equal opportunities policy |  |  |
| DBS checks completed for relevant staff / volunteers |  |  |

**You must provide copies of the following documents with your completed application form:**

|  |  |
| --- | --- |
| **Item** | **Tick** |
| Evidence of the costs and booking forms (if relevant)  |  |
| A recent copy of your group’s / organisation’s bank statement. Please contact us if you cannot provide this.  |  |
| A copy of your Child Protection / Safeguarding policy |  |
| An example of a recently completed Risk Assessment for your group |  |

**Documents can be scanned and emailed as attachments with the application or photocopied and enclosed with the application.**

**Declaration**

* I confirm that all details given on this form are correct.
* I accept that the grant, if awarded, will only be used for the purposes detailed in this application.
* I have enclosed/attach all supporting documents.
* I accept that if any portion of this grant is not spent in the 12 months from when we have notified you of your successful application it must be returned to Voluntary Norfolk.
* I understand that Momentum and Young Commissioners will want to visit my group / organisation as part of the grants assessment process.

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| **Signed** |  |
| **Print Name** |  |
| **Date** |  |

**Please return your completed form and all accompanying paperwork to:**

**Momentum, Voluntary Norfolk, St Clements House, 2-16 Colegate, Norwich, NR3 1ND**

**grants@momentumnorfolk.org.uk**