Gwynedd Youth Volunteering Grant Application Form 2026-20228

For Office Use Only: Reference number…….. *Date of receipt.....*

If you would like any help with your application, please contact volunteer@mantellgwynedd.com 01286 672 626

Please answer every question. Where the question is not appropriate to your group or project, please write Not Applicable (N/A).

Section A: About You:

Details of the person responsible for the project	
Applicant Details:	**Additional Contact Person from your Group** *(please complete this section if you, are under 18):*
Name: Position in the Group: Phone Number: E-mail:	Name: Position in the Group: Phone Number: E-mail:
About your Group	
Name:	
Address:	Post Code:

What kind of work does your group do?	
How many volunteers do you currently have?	
Does your group have a bank account in its name requiring at least two signatures to authorise withdrawals?	
Does your group / organisation have the following in place? (please note some are essential and you may be asked to provide digital copies of these as part of the application process)	**YES / NO**
Essential: Insurance to cover the activity, event or equipment applied for	
Essential: Health and safety policy	
Essential: Safeguarding policy	
Essential : Volunteering Policy	
An equality and diversity policy	
A risk assessment for the activity/event funding applied for	

Section B: About your Project:

General Information	
Name of project:	
Have you received this grant before?	

Project Description	
What is your project idea and what does it aim to achieve? (What are you going to do and who will benefit. Please demonstrate the need for your project.)	
How long will the project last? (e.g. one off event, a weekend, 1-6 months, a year or more)	
Who are you working with?	
How will your project benefit the community?	
How will young people be involved in the project?	
How many young volunteers (aged 14-25) will be involved with the project?	
How many <u>new</u> volunteering opportunities will the project create for 14–25-year-olds?	
What evidence will you provide to show that your project was successful? *(Please tick all that apply. You <u>must tick at least one</u>).*	☐ Photos ☐ Videos ☐ Project visit by panel ☐ Project update to grants team (via e-mail or telephone) ☐ Other (please state) ……

The Wellbeing of Future Generations Act (2015)	
Which of the following Well-being of Future Generations Act (2015) goals will your project meet? *(Please tick all that apply. You must tick at least one).* For further information about these goals, please visit: Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales	☐ A Prosperous Wales ☐ A Resilient Wales ☐ A More Equal Wales ☐ A Healthier Wales ☐ A Wales of Cohesive Communities ☐ A Wales of Vibrant Culture and Thriving Welsh Language ☐ A Globally Responsible Wales

Section C: Project Costs

What is the Money For?
(Please provide a full breakdown)

Item	Cost £	Total £
Total project costs **£**		
Money raised / acquired from other sources for the project *(please name the source)* **£**		

Please provide two written quotes or estimates from any suppliers

Bank Details for the Group *(This is the account that the grant monies would be paid into).*	
Account Name:	
Bank name & Address:	
Sort Code:	
Account Number:	
I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction: ***Please sign***. ……..	
Names of Authorised Signatories:	1. 2.

Section D: Check Before you Submit!

Please make sure that your application includes the following documents:

☐ A completed application form, with every question answered.

☐ Your organisation's constitution / set of rules.

☐ A recent bank statement (from the past 3 months) of your organisation / supporting organisation.

☐ 2 written quotes / estimates from suppliers.

☐ Numbers and names of individuals taking part in the project.

☐ A list of names of officers and members of your organisation's committee *(for new groups only).*

☐ Any photos / mind maps relating to the project *(not essential).*

Most importantly:

☐ Is your project led by young people, aged 14-25?

☐ Is the idea for the project from a young person (aged 14-25)?

To be completed by a representative of the organisation/group:

I confirm that all the information on this form is true and correct.

Representative's Name:	Position in the Group:
Phone Number:	E-mail:
Signature: **Please sign**……	Date:

Section E: Terms and Conditions

Please read carefully.

1. Please refer to the Guidance Notes before completing this application form.

2. Ensure you are authorised to complete the application on behalf of the group / organisation.

3. Ensure all information submitted in this application is accurate. We will inform Mantell Gwynedd of any changes to our application or any change in circumstances affecting the project for which a grant has been sought.

4. Ensure the project for which the grant has been sought falls within the objectives of the organisation.

5. The grant will only be used for the purpose set out in the application

6. Any grant awarded will not be increased in the event of an overspend on the project.

7. Applicants should note that the award must be acknowledged and must promote Mantell Gwynedd as the funder in all publicity and marketing materials.

8. All applicants must complete a case study to demonstrate impact and how the project has achieved its aims

9. Organisations awarded the grant will be subject to monitoring procedures laid out by Mantell Gwynedd in consultation with Wales Council for Voluntary Action (which may involve visits and the collection of statistics.)

10. **The project must spend the money by 31st March 2028 and complete a Project Completion Report in April 2028**.

DATA PROTECTION AND AUTHORISATION OF USE

Mantell Gwynedd administers the Gwynedd Youth Volunteering Grant and collects your personal information in order to process your funding application which will be entered on a database. The CRM database is utilised by Mantell Gwynedd and Third Sector Support Wales partners (further information and our privacy notice are available from thirdsectorsupport.wales) .
The information will be held for the length of the project and then destroyed securely.

I agree to the terms and conditions of the grant:

Name: Position in the organisation:

Signature: Date:

All Done?

Please return the completed application form and supporting documents by 15th October 2026
volunteer@mantellgwynedd.com / carwynhumphreys@mantellgwynedd.com

25 Y Bont Bridd, Caernarfon, Gwynedd, LL55 1AB

CLOSING DATE TO SUBMIT APPLICATIONS

12pm

5/111/2026