





YouthBank Fingal Young People Grant Application

Closed: 5pm 14/1/2019

| M: 087 | 377864331 | :: info.ybfingal@gmail.com |
|---------|---|----------------------------|
| Group | ıp Name | Date: |
| Email | il Mobile: | |
| Name | e: Age: | |
| Title o | of project: | |
| | Tell us about your proj | ect |
| Tell u | us what your group do together: | |
| How 1 | many young people are involved in making the | application? |
| 1. | . What do you want to do? | |
| 2. | . How will your project benefit your group and | others? |
| 3. | . How many people do you expect to benefit fro | om your project? |
| 4. | . When and where will your project take place? | |
| 5. | . Is anyone else helping you with your project of Please tell us who they are, what their role is | |
| | | |



Coordinator: Ema Idowu

6. Please tell us what you need funding for



£: ema.byouthbank@gmail.com









| Things you need | Cost of each | Number needed | Total |
|-----------------|--------------|------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total of Project | |

- 7. What is the total funding you require from YouthBank Fingal?
- 8. If your activity is going to cost more than you are applying to YouthBank Fingal, please tell us where the rest of the money you need will come from:

Official Use Only:

| Eligible idea | Interview Date & Time | YBF Interviewers (2 Names) | Score (Numb er) | Grant (Amount) | YBF Support Worker (2 names | Contract signed (Date) | Feed Back form received (Date) | Receipt attached & Checked (Date) |
|------------------|-----------------------------|----------------------------------|-----------------------|-------------------|--------------------------------------|------------------------------|---|---|
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