Youth Guarantee Trailblazer Community Grants Programme – Liverpool City Region

Application Form

**Eligibility Declaration**

**You should only complete this form if you can answer yes to all of the eligibility criteria listed below, check (x) each box to confirm you have read, understood and meet the eligibility criteria:**

|  |  |
| --- | --- |
| We are a legally constituted VCFSE**[[1]](#footnote-1)** (not-for-profit) organisation currently delivering in the Liverpool City Region.  We have a governing document/ constitution.  Our Board of Directors/Trustees has more than one member and is not made up entirely of related family members.  We have a bank account in the organisation’s name with at least two unrelated signatories.  We have been in operation for at least 12 months. | We have appropriate safeguarding and Prevent Duty policies and DBS arrangements in place.  Our project will be completed with all funding spent by 31st March 2026.  We will provide required monitoring, evaluation and audit evidence; and will retain records relating to the project for 7 years.  Our project will only support 18–21 year old ‘NEET’ Liverpool City Region residents. |

* The funding specification and guidance to support you to complete this application can be found on [VOLA’s website](https://volamerseyside.org.uk/ygt).
* This form is designed to be completed electronically, so the boxes where you type your responses will expand automatically to accommodate your text.
* Be aware that only this application form will be used to appraise and score your application. You must **answer all questions** within the form and not refer to other accompanying documents.
* Please respect the word counts: answers which exceed these will be capped at the limit.
* Please submit the form in **Word** format only.

**Before completing this form, please read the funding specification and guidance documents.**

Please email completed applications and supporting documents (see section H) to [**YGT@volamerseyside.org.uk**](mailto:YGT@volamerseyside.org.uk) **by 11.59 pm, Sunday 9th November 2025.**

Also use this email address for any questions you may have.

| Section A - Project Contact Details | | |
| --- | --- | --- |
| By completing this form, you agree for VOLA Consortium to use the information provided as described below:  Data will be gathered, shared, and stored according to our Privacy Policy and will be used for the purposes of facilitating the assessment of applications, monitoring of the grant funding and its impact.  **Please check this box (X) to confirm you agree** | | |
| A1 | Name of Organisation | **Click or tap here to enter text.** |
| A2 | Registered address, including postcode | Click or tap here to enter text. |
| A3 | Lead Contact Name | Click or tap here to enter text. |
| A4 | Lead Contact Email Address | Click or tap here to enter text. |
| A5 | Lead Contact Telephone Number | Click or tap here to enter text. |
| A6 | Alternative Contact Name | Click or tap here to enter text. |
| A7 | Alternative Contact Email Address | Click or tap here to enter text. |
| A8 | Alternative Contact Telephone Number | Click or tap here to enter text. |
| A9 | Local Authority area application relates to (Halton / Knowsley / Liverpool / Sefton / St. Helens / Wirral)  Note: each application should be specific to one Local Authority area only | Click or tap here to enter text. |

| Section B - About Your Organisation | | | |
| --- | --- | --- | --- |
| B1 | When was your organisation founded? | | Click or tap to enter a date. |
| B2 | How many people are involved in your organisation? | | |
| Paid Members of Staff | number of full time equivalent paid staff. | |
| Volunteers | number of volunteers. | |
| Trustees / Directors | number of Trustees / Directors. | |
| B3 | Organisational Status: What is your organisation type?  Choose an item.  **Please remember to submit your Governing Document/ Constitution with your application.** | | |
| B4 | Please provide any relevant organisational registration numbers, e.g. Companies House No., CIC Registration No., Registered Charity No., or Mutuals Reg. No.  Click to enter text | | |
| B5 | What are the main activities of your organisation and who benefits from these? **(Max 100 words)**  Click to enter text | | |
| B6 | Have you had funding withdrawn due to financial irregularity or poor performance within the last five years? *If you answer* ***Yes*** *please refer to the Application guidance.*  Choose an item. | | |
| B7 | Please provide the following financial information:   |  |  |  | | --- | --- | --- | |  | **Most recent**, complete financial year  **Year ending:** Click to enter text. | **Preceding** financial year  **Year ending:** Click to enter text. | | Total income: | Click to enter text. | Click to enter text. | | Total expenditure: | Click to enter text. | Click to enter text. | | Total unrestricted reserves: | Click to enter text. | Click to enter text. |   **Please remember to submit your most recent published accounts (audited where appropriate) with your application.** | | |
| B8 | Are you registered for VAT?  Choose an item. | | |
| B9 | Is your organisation in receipt of any other Youth Guarantee Trailblazer funds from LCR Local Authorities, or has it applied and currently awaiting a decision?  Choose an item.  If yes, how much funding are you in receipt of (or are you waiting for a decision on) and to deliver what activity(s), to whom, and where?  Click to enter text. | | |

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| B10 | **Does your organisation have the following in place? *(Check box as appropriate)*** | **Yes** | **No – but we will have this in place before our project is funded** |
|  | **Valid Insurance Cover** | | |
|  | Public Liability Insurance (minimum £2m) |  |  |
|  | Employers Liability Insurance (min. £5m) |  |  |
|  | **Policies & Procedures** | | |
|  | Health & Safety, with appropriate risk assessments in place |  |  |
|  | Safeguarding – children & young people **&/or** vulnerable adults (as appropriate) |  |  |
|  | Prevent Duty |  |  |
|  | Equality & Diversity |  |  |
|  | Compliments & Complaints |  |  |
|  | Data Protection |  |  |
|  | Anti-fraud |  |  |
|  | Whistleblowing |  |  |
|  | Environmental |  |  |
| B11 | Please confirm that you comply with the requirements of the Disclosure and Barring Service and that you have appropriate level DBS checks (including Barred List checks, where applicable) for all appropriate personnel to be involved with your proposed project.  Choose an item. | | |
| B12 | Please confirm that you comply with the requirements of the General Data Protection Regulation (GDPR) and Data Protection Act 2018.  Choose an item. | | |
| B13 | Please confirm that you will comply with National Procurement Rules for the purchase of any goods or services required for your proposed project.  Choose an item. | | |

| Section C - Project Summary | | |
| --- | --- | --- |
| **This section will be used to brief the strategic advisory panel** | | |
| C1 | Project Name: **Click or tap here to enter text.** | |
| C2 | Please provide a brief summary of your proposed project – who it will work with, how many, where, what you will do and what it aims to achieve: **(Max 150 words)**  Click or tap here to enter text. | |
| C3 | Geographic area(s) where your project/ activities will be focussed and delivered. | |
|  | Delivery locations(s) – **area(s) & postcode(s)**: | Click or tap here to enter text. |
|  | Target recruitment areas: | Click or tap here to enter text. |
| C4 | Which key YGT theme(s) does your project address? ***(Check box for all that apply)***  Mental health support (incl. bereavement)  SEND/ disability support  Neurodivergent young people  Youth offending/recidivism  Young, single parents  Substance misuse  Financial skills & money management  Team/ trust building  Soft/communication skills; literacy & numeracy  Mentoring/ coaching and capacity-building in specific sectors  Confidence building for targeted vulnerable groups (incl. homelessness)  Multiple barriers/multiple disadvantage, including at least one of the above | |

| **Section D – About Your Project** | | |
| --- | --- | --- |
| **This section and all further sections will be scored by the assessment team** | | |
| **Start and End Dates** | | |
| D1a | When will project expenditure start and end?  Start: Click or tap to enter a date. End: Click or tap to enter a date. | |
| D1b | **If different**, when will delivery to/ activities for participants start and end?  Start: Click or tap to enter a date. End: Click or tap to enter a date. | |
| **What will you do?** | | |
| D2 | Please provide a full description of your proposed project, its activities and delivery model, clearly outlining the different stages of your project and key delivery milestones: **(Max 500 words)**  Click or tap here to enter text. | |
| **Partnership working** | | |
| D3 | Do you intend to work with any partners to deliver your project? If so, what are their roles and will they be paid for their involvement? **(Max 250 words)**  *Note: Details of partners fees must be provided (E1 - Other Costs section)*  Click or tap here to enter text. | |
| **Target group(s) and engagement approaches** | | |
| D4 | Will your project target specific demographic groups, or be open to any eligible young person? If targeting a specific group(s) of people, please state which (e.g. particular ethnic minority communities/ backgrounds, disabilities, learning difficulties, young women, LGBTQ+ community, young carers, etc.)  Click or tap here to enter text. | |
| D5 | How will you engage with the people you intend to work with? **(Max 200 words)**  Click or tap here to enter text. | |
| **Risks and contingency planning** | | |
| D6 | What could go wrong and how will you manage it? Outline key risks to the project’s success, mitigation to prevent the risks materialising, or lessen the potential impact, and contingency plans you will put in place if the risks do materialise. **(Max 250 words)**  Click or tap here to enter text. | |
| **Monitoring and evaluation** | | |
| D7 | How will you monitor and evaluate your project, including outputs, participant progress, outcomes and overall success? **(Max 250 words)**  Click or tap here to enter text. | |
| **Need and Strategic Fit** | | |
| D8 | Evidence of need – how have you identified the need for your proposed project? Please provide local knowledge, including any intelligence/ feedback from the people you intend to support, and other stakeholders. **(Max 250 words)**  Click or tap here to enter text. | |
| D9 | Strategic fit – how does your proposed project complement and avoid duplication, or displacement of existing local services? **(Max 250 words)**  Click or tap here to enter text. | |
| **Experience, capacity, capability and readiness to deliver** | | |
| D10 | * Outline your organisation’s experience of delivering similar provision. * How will you mobilise the required resources within the tight time constraints? * Who will be involved? * Is any recruitment of new staff, or new delivery venues required?   **(Max 350 words)**  Click or tap here to enter text. | |
| **Quality** | | |
| D11 | How will you ensure the quality of activities and support delivered through your project? Please list any quality marks you hold. **(Max 250 words)**  Click or tap here to enter text. | |
| **Safeguarding and Prevent** | | |
| You must take all reasonable steps to ensure the safety and welfare of participants.  **If your application is successful, you will be required to submit up-to-date:**   * Safeguarding and Prevent Policies (or combined). * Details of DBS checks for ‘ in scope’ personnel involved with your proposed project | | |
| D12 | How will you ensure that vulnerable young adults involved in your project are safe from harm and abuse? How will you comply with the Prevent duty? **(Max 250 words)**  Click or tap here to enter text. | |
| **Equality, diversity and inclusion** | | |
| D13 | How will your project promote and monitor equality, diversity and inclusion? **(Max 250 words)**  Click or tap here to enter text. | |
| **Project Outputs** | | |
| D14 | How many young people will directly take part in and benefit from the project? | Click or tap here to enter text. |
| **Project Outcomes** | | |
| D15 | How many participants will progress into paid employment? | Click or tap here to enter text. |
| D16 | How many participants will progress into Further Education or training? | Click or tap here to enter text. |
| D17 | How many participants will progress into an Apprenticeship? | Click or tap here to enter text. |
| D18 | How many participants will progress into employment support (such as Ways to Work, Connect to Work, Restart or other local, or DWP funded employment support services)? | Click or tap here to enter text. |
| D19 | Other intended benefits/ positive outcomes (please state what they are): | Target Number: |
|  | 1. Click or tap here to enter text. | Click or tap here to enter text. |
|  | 2. Click or tap here to enter text. | Click or tap here to enter text. |
|  | 3. Click or tap here to enter text. | Click or tap here to enter text. |
|  | 4. Click or tap here to enter text. | Click or tap here to enter text. |
|  | 5. Click or tap here to enter text. | Click or tap here to enter text. |

| Section E – Project Costs | |
| --- | --- |
| E1 | **Budget Breakdown:**  Please provide a summary of your project costs. I.e. what do you need to deliver the activity? *(See Funding Specification for information on eligible costs)*   |  |  |  | | --- | --- | --- | | **Cost heading** | **Description/ how calculated** | **Total (£)** | | **Internal staff costs** *(As well as gross salary, don’t forget to factor in employer's pension & NI contributions + any other taxable incentives linked to pay)* | | | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **SUB-TOTAL** | |  | | **Overheads** | | | | **Flat rate 15% of internal staff costs** | |  | | **Participant costs** | | | | Travel/ transport |  |  | | Refreshments/ lunch |  |  | | Childcare |  |  | | Other expenses |  |  | | Click to enter text. |  |  | | **SUB-TOTAL** |  |  | | **Other costs** | | | | Materials |  |  | | Small items of equipment |  |  | | Publicity/ advertising |  |  | | Community events |  |  | | Evaluation |  |  | | Delivery Partner fees |  |  | | Consultancy fees |  |  | | Staff travel/ expenses |  |  | | **SUB-TOTAL** | |  | | **TOTAL COST/ AMOUNT REQUESTED**  (Staff + Overheads + Participant + Other Costs) | |  | |
| E2 | **Match funding &/or ‘in-kind’ contributions on top of requested YGT funding** *(note this is not essential)*   |  |  |  | | --- | --- | --- | | **Match Funding or ‘in-kind’?** | **Funding Source** | **Amount (£)** | |  |  |  | |  |  |  | |  |  |  | | **Total contribution** | |  | |

| **Section F – Other Current Funding** | |
| --- | --- |
| F1 | Is your organisation currently receiving other funding for similar activities?  Choose an item.  If Yes, please provide details (amount and what for): **(Max 100 words)**  Click or tap here to enter text. |
| F2 | How will you avoid double funding and double counting with other sources? **(Max 100 words)**  Click or tap here to enter text. |

| **Section G – Social Value & Environmental Impact** | |
| --- | --- |
| G1 | How will your project provide additional social value to the local community?  Please propose **at least one** measurable Social Value target for the project.  **(Max 250 words)**  Click or tap here to enter text. |
| G2 | How will you seek to minimise the environmental impact of your project? **(Max 250 words)**  Click or tap here to enter text. |

| Section H - Declaration and Document Checklist | | |
| --- | --- | --- |
| H1 | By signing the below, you declare that your organisation agrees to the following statements:   1. We confirm that all the information provided in this form is correct to the best of our knowledge. 2. We confirm that if a Youth Guarantee Trial-blazer Grant is awarded, it will only be used for the purpose given and according to any conditions specified. 3. We agree to provide any relevant additional documentation on request (e.g. required policies, staff DBS details, insurance certificates, detailed delivery plans, procurement evidence). 4. We understand that any grant awarded will be released in instalments subject to performance and meeting the monitoring requirements detailed in the Grant Agreement. 5. We confirm that this project will not use other sources of funding (i.e. double funding) for the same cost elements described in this application form. 6. We understand that we will be liable to pay back the grant in full if it is found that any of the information supplied is incorrect, or if any grant funds awarded are not used as indicated in this application form and Grant Agreement. | |
| **Signature 1**  *(Lead Contact for Project)* | Electronic Signature accepted. |
| **Full name** | Click or tap here to enter text. |
| **Position in organisation** | Click or tap here to enter text. |
| **Contact telephone number** | Click or tap here to enter text. |
| **Signature 2**  *(Second Responsible Person - Director/ Trustee or other authorised signatory)* | Electronic Signature accepted. |
| **Full name** | Click or tap here to enter text. |
| **Position in organisation** | Click or tap here to enter text. |
| H2 | **Date application submitted** | Click or tap to enter a date. |
| H3 | **Document Checklist**  **Your application will not be considered unless you submit the following documents** via email by the stated deadline:   |  |  | | --- | --- | | **Required Document** | **Check box to confirm** | | Governing document/constitution |  | | Most recent annual accounts & annual report |  | | |
| H4 | **The following will also be required if your application is successful:**  Policies & procedures   * Health & Safety * Safeguarding – children & young people &/or vulnerable adults (as approp.) * Prevent Duty * Equality & Diversity * Compliments & Complaints * Data Protection * Anti-fraud * Whistleblowing * Environmental   Evidence of valid insurance cover   * Public Liability Insurance (minimum £2m) * Employers Liability Insurance (minimum £5m)   Banking   * Bank statement/ other bank confirmation of account name (in name of organisation) and at least 2 unrelated signatories. | |

1. VCFSE Sector is defined as: organisations run on a not-for-profit basis, including:

   * Registered Charity
   * Charitable Incorporated Organisation
   * Community Interest Company (CIC) *– see Funding Specification & Guidance document for CICs Limited by Shares*
   * Company Limited by Guarantee
   * Social Enterprise (not-for-profit)
   * Other legally constituted Voluntary / Community Group

   Private Companies Ltd by Shares, Public Authorities – including Town and Parish Councils, Housing Associations, schools, colleges & universities are **in**eligible. Further guidance on eligible/ineligible organisations is provided in the Funding Specification. [↑](#footnote-ref-1)