



DRAGONS DEN APPLICATION FORM



THE INFORMATION SUPPLIED ON THIS APPLICATION FORM WILL BE SCORED TO DETERMINE WHETHER YOU GET THE OPPORTUNITY TO PITCH YOUR PROJECT IDEA IN THE HASTINGS YOUTH COUNCIL'S "DRAGONS DEN".

Group Name / Project Title: _____

PERSONAL DETAILS OF CONTACT

Name: _____ Date of Birth: DD / MM / YYYY

Address: _____
_____ Post Code: _____

Home Telephone No: _____ Mobile No: _____

Best Time to Contact: _____

Email Address: _____

Other Group Members - Names: _____

SUPPORTING ORGANISATION

Organisation Name: _____ Contact Name: _____

Have You Been Successful In A Previous Round Of Hastings Youth Cash? Yes / No

(If Yes, Please Skip This Page And Turn Overleaf)

Address: _____
_____ Post Code: _____

Telephone No: _____

Email Address: _____

DECLARATION: I CONFIRM THAT I WILL SUPPORT THIS PROJECT IF SUCCESSFUL:

Name: _____ Signature: _____

NOTE: PLEASE ADD ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER, AND INCLUDE YOUR NAME AND SIGNATURE AT THE BOTTOM, AND YOUR SUPPORTING ORGANISATION.

ELIGIBILITY CHECKLIST

PLEASE CIRCLE THE CHECKLIST BELOW TO VERIFY THAT YOUR GROUP IS ELIGIBLE TO APPLY FOR FUNDING AND ENSURE THAT YOU CAN PROVIDE SUPPORTING INFORMATION AS REQUESTED...

a) We have a written set of rules, constitution, or other governing document, and confirm that the copy provided with this application is current and properly authorized. Yes / No

b) A bank account is held in the name of the group requiring at least two signatures for cheque transactions or cash withdrawals OR we have an agreement with another organisation which will support us and receive money on our behalf. Yes / No

Bank details: Name of Bank: _____

Address of Bank: _____

Name of account: _____

Account Number: Sort Code:

c) A copy of our latest annual accounts is enclosed OR (for new groups) we enclose income and expenditure plans Yes / No

d) We have an Equality and/or Equal Opportunities policy (this policy may be contained within your constitution or other governing document) Yes / No

e) A copy of our public liability insurance to the value of at least £10 million is submitted (If you do not have cover, please explain why) Yes / No

f) We have a policy to ensure the safeguarding of children or vulnerable adults (where appropriate). Yes / No

OFFICE USE

SUCCESSFUL:

UNSUCCESSFUL:

MORE INFORMATION NEEDED:

PROJECT DETAILS

Tell Us About Your Idea For A Project: _____

Estimated Date/Time Of Event? _____ Project Location? _____

What Is The Timescale For Your Project?

Start: _____ Finish: _____ Ongoing (please tick)

How Many People Will This Project Benefit? _____

Why Should We Give You The Money? _____

How Will Your Project Benefit The Community: _____

Please Show How The Funding Will Be Used

ITEM (Please give breakdown of main items)	COST £

Total Cost of Project	£	
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Please indicate below where and how much the contribution from other funds will be.
(Remember, at least 10% needs to be provided from somewhere else.)

	COST £
Amount of Grant Requested (Maximum £1,000)	

YOU WILL NEED TO PROVIDE EVIDENCE OF YOUR COSTS (QUOTES, CATALOGUE PICTURES ETC)

HASTINGS YOUTH COUNCIL WILL ASSESS THIS APPLICATION FORM AND IF SUCCESSFUL, YOU WILL BE CONTACTED BY THEM, AND GET THE OPPORTUNITY TO PITCH YOUR PROJECT IDEA IN FRONT OF THEM IN THE DRAGONS DEN. THIS WILL BE YOUR ONLY CHANCE TO SELL YOUR IDEA AND BE SUCCESSFUL, SO PLEASE GIVE IT YOUR BEST SHOT.

DECLARATION:

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURES (please ensure all members write their name and sign next to it below).

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