OPCC Reference No:



POLICE & CRIME COMMISSIONER COMMUNITY GRANT YOUTH LED APPLICATION FORM

YOUTH PROJECT NAME	PLEASE REFER TO TERMS & CONDITIONS
YOUNG PERSON LEAD DETAILS PLEASE CO	MPLETE IN FULL - BLOCK CAPITALS
First Name	
Surname	
Email	
Tel	
Address	
Postcode	
Age	Date
Which organisation or group is supporting your applicatio	n?
WHICH OF THE POLICE & CRIME PLAN	DDIODITIES IS VOLID IDEA LINIVED TO?
Reduce the number of victims of crime and anti-soci	
Reduce the number of people seriously harmed in De	
Help protect the public from serious threats to their	
Reduce re-offending	
Increase people's satisfaction with policing in Dorset	
Support neighbourhood policing	
Where will your project run and how many people will tak	e part in it?
Is the project an new service for Dorset? Yes No	(minimum £100 maximum £3000)
HOW MUCH MONEY WOULD YOU LIKE TO	APPLY FOR? £

(Max 300 words)					NVOLVED?
HOW WILL	YOU SHOW US	YOUR PROJECT H	IAS BEEN SUCCESS	FUL? (Max 250 words)	

ITEM	COST £	FURTHER DESCRIPTION IF REQUIRED
/enue Hire	£50.00	£5 Per hour @ 5 sessions for 1 month

- Please provide us with examples of the costs of things you might need to buy
- Please tell provide us with the bank details for your project or ask your mentor to do so

Name	Role	
Organisation		
Address		
	Postcode	
Email	Tel	
How did you hear about the Safer Dorse	t Fund?	

AGREEMENT - YOUNG PERSON LEAD

- I have permission to apply for this funding on behalf of my youth group
- All of the information I have provided is as correct as it can be and I will let you know if any of it changes
- I am happy for information to be stored and used by the Office of the Police and Crime Commissioner

Signed	
Print Name	
Date	

Organisation

Date

AGREEMENT - MENTOR

- I have permission by my organisation to support this application and we agree to manage the finances on behalf of the youth project team
- I confirm I have seen this proposal and agree to support the project in accordance with the Grant Agreement

Signed	
Print Name	



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