

**Youth Employment & Skills  
(YES) Innovation Fund**



# **Application form**



# Can you apply for some **money**?

Gloucestershire County Council has established a YES Innovation Fund to support the delivery of creative solutions which help young people develop their employability skills. The funding for each application is limited to £5000 and the GROW Funding Board will only consider applications which meet the following criteria:



**Activity must be completed, evaluated and reviewed before 31 March 2015.**



**Beneficiaries must be young people aged 14-24 years, within Gloucestershire.**



**Bids should be able to demonstrate how activity can also support 'at risk' young people who are furthest from the labour market.**



**Bids must be submitted by a partnership which includes a Gloucestershire learning provider and a Gloucestershire employer.**



**Bid must demonstrate an element of innovation within the YES agenda and support one (or more) of the following areas:**

- Young people's work readiness
- Increased employment opportunities for young people
- Improving the quality of careers guidance activities
- Enterprise and entrepreneurship
- STEM activity

If you have any queries about this form  
contact Peter Holmes  
on t.01452 426905 e.peter.holmes@gloucestershire.gov.uk

# Your Organisation or Group

Name of lead organisation or group

Details of partner organisations/groups

Name of Chair of Board/ Director/Accountable officer

Address

Telephone

Email

Name of lead contact person

Position in the organisation

Please complete the following questionnaire which will give us information about your project.

Once we've received your completed application form we will score your answers against the criteria listed next to each question. Your proposal will need to score a minimum of 26 points to be considered for funding. **We will aim to update you on the progress of your application within 4 weeks of receipt.**

## Questionnaire

> **How can we be confident that your project will continue to have an impact beyond our funding period?**

Please type in the box below.

For GCC use only

- |   |  |                          |
|---|--|--------------------------|
| 0 | None   | <input type="checkbox"/> |
| 1 | Poor   | <input type="checkbox"/> |
| 2 | Some   | <input type="checkbox"/> |
| 3 | Comprehensive and robust plans of embedding practise so it sustains beyond the project | <input type="checkbox"/> |

- > Please comment on why your project is necessary and a good fit in supporting Youth Employment + Skills within Gloucestershire.

- |   |               |                          |
|---|---------------|--------------------------|
| 0 | No fit        | <input type="checkbox"/> |
| 1 | Poor fit      | <input type="checkbox"/> |
| 2 | Some fit      | <input type="checkbox"/> |
| 3 | Excellent fit | <input type="checkbox"/> |

- > How do you plan to involve young people in delivering your project?  
Please supply numbers/proportions.

- |   |  |                          |
|---|--|--------------------------|
| 0 | Not at all   | <input type="checkbox"/> |
| 1 | Limited/minimal opportunities for young people                             | <input type="checkbox"/> |
| 2 | Some available opportunity for young people                                | <input type="checkbox"/> |
| 3 | The provider has taken all available opportunities to involve young people | <input type="checkbox"/> |

- > Keeping people safe: Comment on policy in relation to this project:

- DBS checks/safer recruitment practice
- Safeguarding training
- Insurance coverage
- Health & Safety checks and Risk Assessments

- |   |   |                          |
|---|---|--------------------------|
| 0 | The provider does not have sufficient mechanism to keep people safe   | <input type="checkbox"/> |
| 1 | The provider has limited mechanisms   | <input type="checkbox"/> |
| 2 | The provider has adequate mechanisms  | <input type="checkbox"/> |
| 3 | The provider has fully comprehensive and robust policies and procedures which are proportionate to the size and type of the provider they are | <input type="checkbox"/> |

> Please describe your track record in delivering projects like this and what makes you a good provider to take on this project.

- |   |  |                          |
|---|--|--------------------------|
| 0 | No track record, no competence                             | <input type="checkbox"/> |
| 1 | Some competence, no track record                           | <input type="checkbox"/> |
| 2 | Good track record and competence                           | <input type="checkbox"/> |
| 3 | Excellent track record and clearly demonstrated competence | <input type="checkbox"/> |

> Please list the main outcomes your project aims to achieve.

- |   |  |                          |
|---|--|--------------------------|
| 0 | None or badly thought out outcomes   | <input type="checkbox"/> |
| 1 | Unsuitable outcomes  | <input type="checkbox"/> |
| 2 | Suitable outcomes which meet the needs of the client group to some degree      | <input type="checkbox"/> |
| 3 | Clear plan to achieve outcomes that address the needs of the client group well | <input type="checkbox"/> |

> How many people will be reached?

- |   |   |                          |
|---|---|--------------------------|
| 0 | No thinking around how many people the project will reach | <input type="checkbox"/> |
| 1 | Unrealistic numbers                                       | <input type="checkbox"/> |
| 2 | Realistic numbers   | <input type="checkbox"/> |
| 3 | Realistic but ambitious numbers of people                 | <input type="checkbox"/> |

> **What key achievements do you hope to deliver within your specified timescales?**

- |   |  |                          |
|---|--|--------------------------|
| 0 | Poor/no timescales                                 | <input type="checkbox"/> |
| 1 | Some evidence of timescales and milestones         | <input type="checkbox"/> |
| 2 | Reasonable timescales and milestones               | <input type="checkbox"/> |
| 3 | Clear milestones under well thought out timescales | <input type="checkbox"/> |

> **How do/will you ensure your organisation/project to be provided is of a high quality?** (We appreciate that this needs to be proportionate to the size of the organisation and project).

- |   |  |                          |
|---|--|--------------------------|
| 0 | None   | <input type="checkbox"/> |
| 1 | Little/some internal quality assurance checks taking place | <input type="checkbox"/> |
| 2 | Reasonable internal quality assurance processes            | <input type="checkbox"/> |
| 3 | Thorough and robust internal quality assurance processes   | <input type="checkbox"/> |

> **Please supply at least one, preferably two references to support your application.**

- |   |                     |                          |
|---|---------------------|--------------------------|
| 0 | No reference        | <input type="checkbox"/> |
| 1 | OK                  | <input type="checkbox"/> |
| 2 | Good                | <input type="checkbox"/> |
| 3 | Excellent reference | <input type="checkbox"/> |

> **Please comment on your ability to be financially sustainable during the delivery period for this project.** (We will require financial monitoring information during quarterly monitoring).

- 0 No evidence
- 1 Information does not bring confidence
- 2 Information provided gives some confidence that project will be financially sustainable
- 3 Confident that project can be delivered and evidence of financial sustainability

> **Please provide a cost breakdown for your project below.**

- 0 Poor or no value for money
- 1 Expensive
- 2 Reasonable
- 3 Excellent value for money

> **Total**

- > It is important for us to ensure that the projects we fund are reaching a wide range of individuals. Are you happy to share with us the names of project participants? YES NO

**Declaration and Data Protection Statement**  
**Data Protection Act**

- > I confirm that the organisation/group that is named in this form has asked me to sign this application form for the group.
- > The information in this form is correct to the best of my knowledge.
- > I confirm that any money received from the Yes Innovation Fund will only be used for what we have said we will use it for in the application.
- > I agree to my name and my organisation's details being held on paper or computer files.
- > I understand that the information in this form may be shared with other people.
  
- > Signature
  
- > Name of person signing
  
- > Position in organisation
  
- > Date

Please email your completed form to:  
[debby.hancock@gloucestershire.gov.uk](mailto:debby.hancock@gloucestershire.gov.uk)

Alternatively, please print and post a copy to:  
**Debby Hancock**  
Operations & Delivery  
Gloucestershire County Council  
3rd Floor, Block 3  
Shire Hall  
Gloucester GL1 2TP

