



THE MILLENNIUM STADIUM
CHARITABLE TRUST
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MILLENNIUM STADIUM CHARITABLE TRUST **YOUTH FUND** APPLICATION FORM

Please read the guidelines carefully before filling in this form, particularly the section on 'How to Apply'. Please complete all boxes. **This application must be emailed as a MICROSOFT WORD document to: applications@millenniumstadiumtrust.org.uk. There is a word count in most sections.**

Section One – Applicant Details

Q1 Project Type

Please click/tick the category to which your project applies. You may select more than one category.

<input checked="" type="checkbox"/>	Youth Fund
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Note: This form defaults to Youth Fund projects as it is only relevant for this one off scheme.

Q2 Application Category

Please select the category to which your organisation applies.

Youth Fund	Youth Fund max: £5,000.
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Note: This form defaults to Youth Fund projects as it is only relevant for this one off scheme..

Q3 Name of Organisation

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Note: The name of your organisation should be the same as the name on your constitution.

Q4 Name of Application Co-ordinator

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Note: Name the person who will be managing the project and can be contacted to discuss detail relating to the project. If this information changes during the duration of your project we will expect you to inform the trust office.

Q5 Address

Applicant's Name:	<input type="text"/>
Address:	<input type="text"/>
Address:	<input type="text"/>
Address:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Telephone:	<input type="text"/>
Mobile:	<input type="text"/>
Email Address:	<input type="text"/>
Web Address:	<input type="text"/>

Note: This is the address to which all correspondence will be sent. If this information changes during the duration of your project we will expect you to inform the trust office. Applicants name is that of the person making the applicant and not the organisation.

Q6 Local Authority Area:

<input type="checkbox"/> All Wales	<input type="checkbox"/> Conwy	<input type="checkbox"/> Pembrokeshire
<input type="checkbox"/> Anglesey	<input type="checkbox"/> Denbighshire	<input type="checkbox"/> Powys
<input type="checkbox"/> Blaenau Gwent	<input type="checkbox"/> Flintshire	<input type="checkbox"/> Rhondda Cynon Taff
<input type="checkbox"/> Bridgend	<input type="checkbox"/> Gwynedd	<input type="checkbox"/> Swansea
<input type="checkbox"/> Caerphilly	<input type="checkbox"/> Merthyr Tydfil	<input type="checkbox"/> Torfaen
<input type="checkbox"/> Cardiff	<input type="checkbox"/> Monmouthshire	<input type="checkbox"/> Vale of Glamorgan
<input type="checkbox"/> Carmarthenshire	<input type="checkbox"/> Neath Port Talbot	<input type="checkbox"/> Wrexham
<input type="checkbox"/> Ceredigion	<input type="checkbox"/> Newport	

Note: Please give your local authority area. If your project is in more than one area, please select all local authorities your project is running in.

Q7 Name of the Project

Note: The title of your project should reflect what your project is about.

Q8 If this is not your first application to the Millennium Stadium Charitable Trust please provide details of when you previously applied.

Please detail below if you have applied to the Trust previously and if you were successful or not (If you cannot remember the month and year we can find it on our database just select successful or rejected in the Result box).

Month	Year	Result

Q13 Please list any other funders who have been contacted to fund this project and state current status of any applications.

Funder	Amount	Grant Awarded?/ Date Decision Due
	£	
	£	
	£	
	£	
	£	

Q14 How many people will benefit from this project?

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Note: Please give a number e.g 10 and do not write "ten".

Section Three – Description of Organisation and Project

Q15 Start Date

What is the start date of this project? Please write date format as dd/mm/yy

Q16 Finish Date

What is the date that your project will end? Please write date format as dd/mm/yy

Q17 Background to your organisation

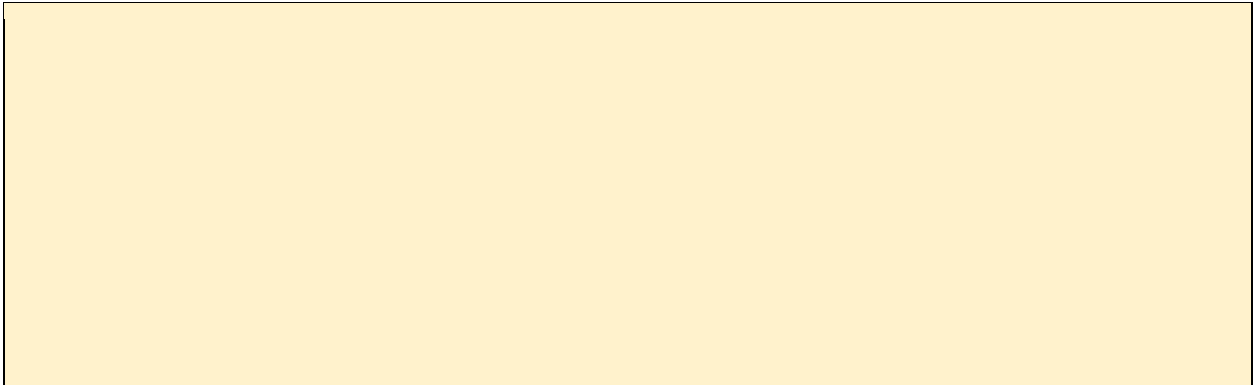
Please provide us with background on your organisation.

Note: You should include information which highlights how long your organisation has been in existence, how many members you may have and what the main objectives of your organisation are. Word Count ~ 200 words.

Q18 Description of Project

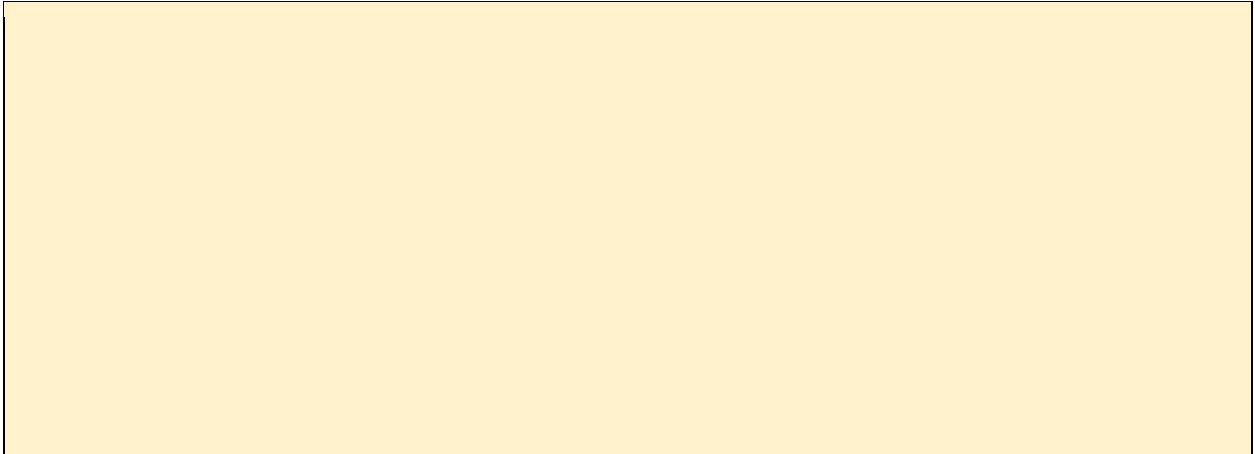
Please describe the project that requires funding. Word Count ~ 130 words.

Q19 Please describe how this project aims to improve the quality of life of the people your organisation serves



Note: You should consider how this project would help overcome any problems that your organisation has identified. Word Count ~ 100 words.

Q20 Please describe the type of participants who will benefit?



Note: Word Count ~130 words.

Q21 How will your project be managed?

Note: You should include details of policies, who is going to manage the project and what consideration will be given to the safety of participants and the protection of children or younger people. Word Count ~ 60 words.

Q22 How does this project fit into the Trust’s funding priorities?

Note: Word Count ~130 words.

Q23 Please outline why you think the Trust should offer your organisation support

Note: Word Count ~130 words.

Section Three - Referee

Note: Please provide the details of a referee who would be prepared to support your application. Please note that this must be a person who is not directly involved with you or your organisation.

Name:

Occupation:

Telephone Number:

Address:

Address:

Address:

Address:

Address:

Postcode:

Section Four - Additional Information

Q24 Where did you hear about the Millennium Stadium Charitable Trust?

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Section Five – Authorisation

The Trust requires all applications to be signed by two representatives of the organisation. One of the signatories must be a Trustee or representative of senior management.

We the undersigned confirm that all information in this application, the bank statement and constitution, is truthful and accurate. We undertake to inform the Millennium Stadium Charitable Trust immediately of any amendments and changes in circumstances.

IMPORTANT: Any misleading information could lead to prosecution.

Name:

Position in Organisation:

Address:

Telephone Number:

Electronic Signature or Print, sign name and send this page only as a pdf.

Name:

Position in Organisation:

Address:

Telephone Number:

Electronic Signature or Print, sign name and send this page only as a pdf.

NOTE TO ALL APPLICANTS:

Please ensure that this completed application is submitted to the Trust Office in addition to a copy of the organisation's constitution and most recent bank statement. **If you are a registered charity we do not need your constitution just your charity number.** Please read through the guidelines thoroughly to familiarise yourself with the application process and terms and conditions.

The Millennium Stadium Charitable Trust asks that all applications are submitted electronically as word documents received by 12 noon on the day of the deadline. Applications should contain no additional information other than a completed application form and requested bank statement and copy of constitution / governing documents where organisations are not a registered charity.

Please contact the Trust Administrators on Tel: 029 20 022 143 or

Email: applications@millenniumstadiumtrust.org.uk

The Millennium Stadium Charitable Trust
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