

Local Grant



Youth and
Children's
Ministries

Young People's Participation Fund (Ages 5 – 25)

Amount being applied for: _____

Group's name: _____

Who are the individuals involved in the project?

Name & Age:

Name & Age:

Name of supporting local leader: (YTL, YPSM or Corps Officer)

Corps: _____

Division: _____

Position: _____

Email: _____ Phone: _____

Centre Code: _____

Account Code: (5 digit number) _____

What is your idea?

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When will your project start and how long will it last?

What areas will your project impact?

Discipleship: ☐ Social Action: ☐ Other: _____

Mission/Outreach: ☐ Leader Development: ☐

Breakdown of requested amount: (E.g. how the money is being used, cost of each item that makes up the amount requested)

What support will the Corps or Division offer? (E.g. mentoring, resource, venue, money)

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If you wish to include any additional documents (video, photos, further written details) to support your application and further explain your idea please do!

By signing the form you are committing to the delivery of your idea if you are awarded the grant. You are also agreeing to report back to the Youth and Children's Ministries Unit on how your idea went either through a written or video report.

Young person's signature: _____ Date: _____

Youth/Children's Leader or Corps Officer

Do you support the young people with this application? How will you support them to deliver the project?

Signature:

Date:

Print Name:

If you are happy for us to share information of the project with others through our social media channels please tick the box ☐

Division

Do you support the young people & corps with this application?

Signature:

Date:

Print Name:

**Please return completed forms with any supporting documents to
youthchildren@salvationarmy.org.uk**