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**Youth Music**

**Trailblazer Fund Interim Report**

|  |  |
| --- | --- |
| **URN** |  |
| **Organisation name** |  |
| **Project title** |  |
| **Project start date** |  |
| **Project end date** |  |
| **Report author (name, job title)** |  |
| **Email address** |  |
| **Date submitted** |  |

**This form template is for information only. All reporting must be completed through the online form on the** [**grants portal**](https://grants.youthmusic.org.uk/)**.**

# Guidance

Youth Music asks all grantholders to submit progress reports as part of their grant requirements. This Trailblazer Fund interim report allows you to report on what work has been delivered so far, and request changes to your payment schedule, reporting schedule and/or activity plans.

* Word limits on this form represent a maximum, rather than an expected amount.
* You should refer back to your application form whilst completing this report.

Upon submission of this form, we will review the information and, if necessary, release your next payment within 30 working days. At this point we will also inform you if any changes you have requested have been approved. Should the process be delayed for any reason, we will be in touch to let you know why.

**Unless agreed otherwise with your Youth Music contact, payments will not be released until 75% of any previous payments have been spent.**

Thank you for taking the time to complete this progress report.

# Section 1: Monitoring

## Programme delivery

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| --- |
| **Please summarise the activities undertaken with Youth Music funding to date. (250 words max)**  In your application you described what activities you would deliver. Please summarise the activities delivered to date, identifying any changes. |
|  |

## Outputs

This section asks for information about your workforce and the children and young people who have taken part in your project activities.

|  |  |
| --- | --- |
|  | **Total** |
| **Total number of children and young people engaged to date** | 0 |
| **Total number of group sessions delivered to date**  Group sessions are where more than 1 child or young person is involved. You should not include CPD or workforce development/training sessions here. | 0 |
| **Total number of 1:1 sessions delivered to date**  1:1 sessions are where a child or young person receives individual support in a session in which they are the only beneficiary. | 0 |
| **Total number of CPD/Workforce development sessions delivered to date** | 0 |

|  |  |
| --- | --- |
| **Have you also delivered sessions online?** | Y / N |

## Budget

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| --- |
| **How much of your grant have you spent? (50 words max)**  Please provide a brief description of how much money you have spent (either in £ or as a percentage)  Unless agreed otherwise with your Youth Music contact, payments will not be released until 75% of any previous payments have been spent. |
|  |

|  |
| --- |
| **Match Funding (max 100 words)**  Please tell us how much match funding you have raised to date, from where and if you have encountered any issues with your fundraising. Please include information about both cash and in-kind match funding. |
|  |

|  |  |
| --- | --- |
| **Would you like to make any changes to your activity plan, your payment or your reporting schedule?** | Y / N |

|  |
| --- |
| **If Yes** - Please detail the proposed changes and outline the reasons for the request (150 words max) |
|  |

## Declaration

Two members of your organisation should be named below, both of whom should be authorised as signatories by your organisation to certify the grant expenditure.

**Signatory 1**

I am authorised to sign this form on behalf of the grant recipient. I certify that the information supplied within this report is a true and accurate representation.

Name: …………………………………………………………………………………….

Position in organisation: ………………………………………………………………..

Date of approval: ………………………………………………………………………...

**Signatory 2**

I am authorised to sign this form on behalf of the grant recipient. I certify that the information supplied within this report is a true and accurate representation.

Name: …………………………………………………………………………………….

Position in organisation: ………………………………………………………………..

Date of approval: ………………………………………………………………………...