



# Grant Application

Name of Group \_\_\_\_\_

Number of youth that will participate in project \_\_\_\_\_ Age range of youth \_\_\_\_\_

Youth Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Adult Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Sponsoring Organization (fiscal agent) \_\_\_\_\_

Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned adult contact person and representative of the sponsoring organization hereby attest to the fact that this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.

Project Leader (Adult)

Sponsoring Organization Representative

### The Fine Print

All Youth As Resources grants, awards, and project participants must comply with all Federal Statutes relating to non-discrimination. This includes, but is not limited to, prohibition of participation on the basis of age, race, sex, color, national origin, or disability. The undersigned certify that:

1. All information contained is accurate, contains no misstatements or misrepresentations, and represents a reasonable estimate of future operation based on data available at the time of the application;
2. The sponsoring organization assumes responsibility for liability;
3. The organization will comply with the Civil Rights and Handicapped Regulations summarized above and with other Youth As Resources guidelines.

Project Leader (Youth)

Project Leader (Adult)

Sponsoring Organization Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Include the following in your submission to Youth As Resources:

1. This Grant Application
2. Proof of 501(c)(3) not-for-profit status



# Grant Application

## 1 describe your project idea

**Project Title** \_\_\_\_\_

What is your project idea? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will your project take place? \_\_\_\_\_

When will your project begin and end? \_\_\_\_\_

Will you need additional advice or assistance to help complete this project? If so, what kind? \_\_\_\_\_

\_\_\_\_\_

Are there special permission slips, insurance coverage, etc. needed for this project? If so, please explain.

\_\_\_\_\_

How did you hear about YAR Grants? (Circle all that apply)

Internet Search

Newspaper

School Announcements

YAR Summit

Other: \_\_\_\_\_

## 2 helping the community

How will your project help the community? \_\_\_\_\_

\_\_\_\_\_

How did your group determine that this is an important community need? \_\_\_\_\_

\_\_\_\_\_

Who is your project serving? Please check one or more boxes.

Young children

Elderly

Other youth

People who are sick

Disabled

Low-income families

The environment

Peers

Whole neighborhood or community

Other \_\_\_\_\_

Approximately how many people will receive service through this project? \_\_\_\_\_

## 3 youth leadership

Who wrote this proposal? \_\_\_\_\_

How have youth been involved in planning this project?

How will youth be involved in implementing this project?

The YAR board will look favorably on requests that develop one or more of the Search Institute's 40 Developmental Assets in youth. Describe how your project will help develop assets in young people?

## 4 service learning

What do you think you will learn about your community from your project?

What reflection activities will you use during your project to be aware of your progress?

How will you share the things you learn with other people (i.e., writing, pictures, presentations)?

## 5 applause, applause

How will you measure your success during your project and when it's done?

How will the group celebrate a job well done?

## 6 money, money, money

How much money will your project cost? \_\_\_\_\_

How much money are you requesting from the Youth As Resources program? \_\_\_\_\_

Who will oversee the use of these funds? \_\_\_\_\_

### **For the Charts Below**

#### **Donated Items**

In the "Donated Items" portion, list other donations, funds, time, talent or materials that you have received for this project below.

DONATED ITEMS	ESTIMATED VALUE
<b>Total of Estimated Value of Donated Items</b>	



# Grant Application

## Project Budget

In the "Project Budget" portion, list what you will purchase using the Youth As Resources grant. ***If you need additional space, please include additional page(s).***

ITEMS (Operational Costs (supplies, materials, etc.))	AMOUNT REQUESTED
A. Total Operating Costs	
<b>Transportation Costs (if needed)</b>	
B. Total Transportation Costs	
<b>Recognition Costs</b>	
C. Total Recognition Costs (no more than 15% of grant)	

**total project costs: A + B + C**

amount requested for Youth As Resources grant

\$ \_\_\_\_\_

## demographic information

Fill in the number and gender of youth participants in the project. (This refers to youth providing services, not youth served by project.)

### Gender Information

Category	Male	Female
K-5th grade (5-11 years)		
6th-8th grade (11-14 years)		
9th-12th grade (14-19 years)		



# Grant Application

### Youth Involvement Information

Please print below the names of all youth involved in your project. (Use the back of this page if more room is needed.)

Names of Youth Involved in Project

## 8 project timeline

When will your project begin? What things may influence a change in this date? (Weather, availability of volunteers, availability of funds, etc.)

What is the first stage in your project? When will this stage be accomplished? What things may influence a change in this date?

What is the last stage in your project? When will this stage be accomplished? What things may influence a change in this date?

What is the date of your celebration? What will your group be doing for your celebration?