



Youth Advisory Committee Grant Application

REQUEST FOR PROPOSALS

DEADLINE: *[Time], [Day], [Month and Date], [Year]*

The *[Community Foundation]*'s Youth Advisory Committee announces the availability of grant funds to support projects for:

[Purpose of Funds to be Granted]

NOTE: Suggested grant request is in the \$[Dollar Amount] to \$[Dollar Amount] range.

SELECTION CRITERIA

Any non-profit organization with 501(c)(3) status located in the *[Area Served by Community Foundation]* area that is in need of funding for programs that are beneficial to youth is eligible to apply.

In evaluating each application, funding decisions will be made based on the following criteria. Priority consideration will be given to programs that:

- *[Insert criteria for grant (i.e., Involve youth in the development and implementation of the project)]*
- *[Insert criteria for grant (i.e., Are inclusive)]*
- *[Insert criteria for grant (i.e., Are widely accessible)]*

USE OF GRANT FUNDS

- Uses include: *[Permissible uses for grant money]*
- Limitations include: *[Limitations for grant money]*

HOW TO APPLY

A grant applicant must submit **[Number of copies] copies** and an original of the *[Community Foundation]* Youth Advisory Committee grant application along with the required attachments (see page 4). Applications will NOT be considered by the Committee if this requirement is not met.

REVIEW PROCESS

Each application will be reviewed. Foundation staff and/or the Youth Advisory Committee may ask to meet with representatives of the applicant organization. Youth Advisory Committee recommendations for funding will be brought to the foundation's Board of Trustees at the *[Month or Date]* meeting for approval. All applicants will be notified by mail of the Youth Advisory Committee's decisions.

Members of the Youth Advisory Committee will interview applicants on *[Day], [Month and Date], [Year]*, if necessary. Please attach a note to the original copy of your application if you are not available on this day.

GENERAL INFORMATION

Date: _____

Name of organization: _____

Name of fiduciary (if applicable): _____

Address: _____

Preferred mailing address (if different): _____

City/State/Zip: _____

Phone number: _____ Website: _____

Fax number: _____ E-Mail address: _____

I. PROJECT INFORMATION

Project name: _____

Name of person submitting this application: _____

Purpose of grant (one sentence): _____

Number of youth participants: _____ Number of adult participants: _____

Number of youth volunteers: _____ Number of adult volunteers: _____

Amount requested: \$ _____ Total project cost: \$ _____

Project period: Start date _____ End date _____

Geographic service area: _____

Signature of Applicant

Title

Date

Signature of Agency Director or School Principal

Title

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

I. NARRATIVE (Not to exceed 2 typed pages)

A. Summary

Begin with a half-page summary. Briefly explain why you are requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

B. Project Information

1. Please state what you are asking the Youth Advisory Committee to fund.
2. Who will be served, including 1) total number served 2) age range.
3. Describe the target population and explain your method for reaching that population.
4. What will be accomplished?
5. How will this benefit youth in the _____ area?
6. How will youth be involved in the development and implementation of the project?
7. What is the timetable for implementation of the project?
8. How do you plan to publicize/promote your project?
9. How will you evaluate the proposed outcomes of your project?
10. Previous Grantees Only: If you are applying for the same project or program for which you have received grant funds from the Youth Advisory Committee, specify how the program has changed or been modified.

C. Organization Information

1. Principal purposes and services of this organization.
2. Affiliation, if any, with religious groups (if none, state "NONE").

D. Financial Information

1. If the total project budget is greater than the amount requested, from what sources will the other necessary funds be obtained, and what funds have been raised to date?
2. What financial resources will be available for the continuation of this project?

II. ATTACHMENTS – If available and/or applicable (to be attached to this application)

- A. Complete Project Budget Form** (use attached Project Budget Form and attach one form to each copy of your application.)
- B. List of organization's governing body and officers** (ONE COPY ONLY)
- C. A copy of IRS tax exemption letter, if applicable** (ONE COPY ONLY)
- D. A copy of the organization's current operating budget** (ONE COPY ONLY)
- E. A copy of the most recent annual report or promotional brochure** (ONE COPY ONLY)
- F. A copy of an audited financial report or IRS 990 Form.** (ONE COPY ONLY)

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

- A. Organizational fiscal year:
- B. Time period this budget covers:
- C. Expenses: include a *description and the total amount* for each of the following budget categories, in this order:

	Amount requested from this organization	Total project expenses
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Totals	\$ _____	\$ _____

- D. Revenue: include a description and the total amount for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	Pending	Committed
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
[inser name of community foundation]	\$ _____	\$ _____
Other Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____

SAMPLE BUDGET

	Amount requested from this organization	Total project expenses
Salaries	\$5,000	\$15,000
Payroll Taxes	\$370	\$1,400
Fringe Benefits	\$110	\$400
Consultants and Professional Fees	\$6,800	\$
Insurance	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$120	\$
Printing and Copying	\$	\$1,500
Telephone and Fax	\$	\$
Postage and Delivery	\$	\$
Rent	\$	\$2,000
Utilities	\$	\$
Maintenance	\$	\$
Evaluation	\$400	\$
Marketing	\$1,000	\$5,000
In-Kind	\$1,200	\$
Other (specify)	\$	\$
Totals	\$15,000	\$25,300

D. Revenue: include a description and the total amount for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	Pending	Committed
1. Grants/Contracts/Contributions		
Local Government	\$	\$4,000
State Government	\$	\$
Federal Government	\$	\$
[insert name of community foundation]	\$15,000	\$
Other Foundations (itemize)	\$	\$4,000
Corporations (itemize)	\$	\$1,000
Individuals	\$100	\$
Other (specify)	\$	\$
2. Earned Income		
Events	\$	\$
Publications and Products	\$	\$
3. Membership Income	\$	\$
4. In-Kind Support	\$	\$1,200
5. Other (specify)	\$	\$
Total Revenue	\$15,100	\$10,200