



Youth As Resources Of Allen County

Grant Application

Youth As Resources Mission Statement

**The mission of Youth as Resources of Allen County
is to challenge youth to identify community needs
and to develop and implement community service projects
to address those needs in order to effect positive community change.**

Outcome Goals

**To empower the youth of Allen County to plan and implement service
projects to meet a community need**

To recognize and promote youth as volunteers

To educate youth to become philanthropists

To foster youth-adult partnerships

2101 E. Coliseum Blvd.
Fort Wayne, IN 46805
260-481-6312
260-481-4116 fax
duffa@ipfw.edu
www.leadershipfortwayne.org

GRANT SELECTION CRITERIA

1. Youth As Resources grants may only be used for the direct operation of a community service project, and for transportation and recognition of the project participants. Recognition costs cannot exceed 15% of the total amount for which you apply.
2. The applying group/organization must be a not-for-profit and be able to **show proof of not-for-profit status**. Groups can use another organization's 501C3 status if approved by the YAR director.
3. To qualify for funding for a regular YAR grant:
 - ▶ The project must meet the following outcome goals:
 - **To empower the youth of Allen County to plan and implement service projects to meet a community need**
 - **To recognize and promote youth as volunteers**
 - **To educate youth to become philanthropists**
 - **To foster youth-adult partnerships**
 - ▶ Project must be planned and implemented by **youth** from Allen County, with adults acting as partners.
4. The grant money may be used for the following:
 - ▶ Meeting expenses for youth to plan their project
 - ▶ Supplies and materials the youth will use in their project
 - ▶ Transportation to project sites if needed
 - ▶ Training directly related to the service project
 - ▶ Volunteer recognition
 - ▶ Conferences (Only if the sponsoring youth group pays for half of the cost **and** if the participants can show how they will use what they learn to meet the grant outcome goals.)
5. The grant money **MAY NOT** be used for the following:
 - ▶ Staff salaries or youth wages
 - ▶ Major equipment purchases
 - ▶ Projects conducted outside of Allen County
 - ▶ Religious instruction or conduction of worship services
 - ▶ Fund-raising or direct donations to other organizations (This includes buying items to be donated directly to an organization without any other service involved; i.e. buying cans to be donated to the food bank; or clothing to be donated to a clothing bank)
 - ▶ Operational or other expenses of the sponsoring organization
- 6 Youth **must** present their project idea to the YAR board at the presentation evening, Wed., Feb. 18, 2009.



Grant Application



Name of Group _____ Project Title _____

Number of youth that will participate _____ Age range of youth participants _____

Youth Contact: _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Email _____

Adult Contact: _____ Title _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email _____ Fax _____

Sponsoring Organization: _____

Fiscal Agent Representative _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email _____ Fax _____

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.

Adult Project Leader Signature _____ **Date** _____

Sponsoring Organization Representative Signature _____ **Date** _____

The Fine Print

All YAR grants, awards and project participants must comply with all federal statutes relating to non-discrimination. This includes, but is not limited to , prohibition of participants on the basis of age, 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.

Adult Project Leader Signature _____ **Date** _____

Sponsoring Organization Representative Signature _____ **Date** _____

Grant Application



Your Project Idea:

What is the title of your project? _____

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? Yes No

If so, what kind and from whom? _____

Are there special permission slips, insurance coverage, etc., needed for this project? Yes No

If so, please explain. _____

Outcome Evaluation:

What tools will you use to track and measure the success of your project? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> participant (people being served) surveys | <input type="checkbox"/> volunteer (youth giving service) surveys |
| <input type="checkbox"/> participant interviews | <input type="checkbox"/> volunteer interviews |
| <input type="checkbox"/> volunteer journals | <input type="checkbox"/> volunteer group conversations |
| <input type="checkbox"/> photos | <input type="checkbox"/> other (please explain) _____ |

(Be sure to keep copies of these evaluation tools to return with your project report.)

How many youth will **actively perform community service** through this project?

How many adults will **actively perform community service** through this project?

How many people will **receive service** through this project?

What age group is your project serving? *Please check one or more boxes.*

- Birth — 4 5 — 9 10 —14 15 —18
- 19 — 35 36 — 59 60 & over

Collaboration:

Will any other organization or agency be involved with your project? Yes No

If yes, please list the organization, telephone number, and contact person:

Name of organization _____ Phone _____

Name of contact person _____ Title _____

Celebration:

How will the volunteer group be recognized for a job well done?

Community Awareness:

How will you inform the community about your project?



Demographic Information Form

Project Title _____

Sponsor _____

Address _____ City _____

County _____ Zip _____ Phone _____

ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PROPOSED PROJECT. IF YOU ARE SUBMITTING FOR MORE THAN ONE PROJECT, COPY THIS FORM AND COMPLETE FOR EACH PROJECT.

1. Total number of youth volunteers: _____

NUMBER OF YOUTH AGES:

NUMBER OF BOYS:

NUMBER OF GIRLS:

Birth — 4 _____

5 — 9 _____

10 — 14 _____

15 — 18 _____

Totals: _____

2. Number of youth volunteers who are:

3. Number of youth who are:

African American _____

Caucasian _____

Rural _____

Asian American _____

Hispanic _____

Urban _____

Native American _____

Other _____

Suburban _____

4. Youth's Family Income Level (if known): ___ \$ 0—\$20,000 ___ \$20,000—\$35,000

___ \$35,000—\$50,000 ___ \$50,000 and above

5. Provide any other special characteristics that describe your project's youth volunteers.

6. Number of adult volunteers: Male _____

Adult Ages: 19-35 _____

Female: _____

36-59 _____

60 and over _____

Grant Application Budget

PROJECT NAME: _____ **DATE:** _____

ITEMS	*AMOUNT DONATED*	COSTS
OPERATIONAL COSTS (i.e. supplies, materials, equipment rental, snacks, etc. . .)		
Line A—Total Operational Costs:		
TRANSPORTATION COSTS (@ .48 per mile)		
Line B—Total Transportation Costs:		
RECOGNITION COSTS (Not to exceed 15% of total grant dollars requested)		
Line C—Total Recognition Costs:		
TOTAL PROJECT COSTS (Sum of Lines A, B & C):		
Amount already raised or donated:		
Funds from other sources:		
TOTAL REQUESTED FROM YAR:		

(Use additional pages if necessary.)

Which sponsoring organization representative will oversee the use of funds, keep track of the bills, copy receipts, and submit a financial report to Youth As Resources?

Name _____

Title _____ Phone _____

Email _____

CHECKLIST

- Completed application with demographic form
- Completed budget form
- Proof of sponsoring organization's not-for-profit status
- Keep a copy of the application for your group

Be sure to mark the youth presentation evening,
Wednesday, Feb. 18, 2009 on your calendar.

**Mail completed application
by January 31, 2009 to:**

**Anne Duff, Program Assistant
Youth As Resources of Allen County
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805**

**Applications may be faxed to 260-481-4116
Apply online: www.leadershipfortwayne.org**



Youth As Resources of Allen County

Funds Available for Grants

- What?** YAR grants from \$100 to \$750 are available for projects that meet the following outcome goals:
- **To empower the youth of Allen County to plan and implement service projects to meet a community need**
 - **To recognize and promote youth as volunteers**
 - **To educate youth to become philanthropists**
 - **To foster youth-adult partnerships**
- Who?** Youth-serving agencies, schools, religious organizations, recreation programs, community/neighborhood centers, crisis centers, and other not-for-profit organizations that actively engage young people in solving community problems are welcome to apply.
- When?** The **required youth presentation evening** is Wednesday, Feb. 18, 2009. The **applications are due back to YAR** by Jan. 31, 2009.
- How?** Complete the Grant Application, indicating whether you are applying for either a YAR grant or a YAR/DAC grant and mail or fax it to:

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You can also apply online at: www.leadershipfortwayne.org

Need More Information?

YAR staff are available to visit your group to help with the application process. Just call the above number to schedule your visit.