



2010 YOUTH FUND GRANT APPLICATION

**BECAUSE OF THE EXTENSIVE NUMBER OF APPLICATIONS TO BE REVIEWED,
APPLICATIONS NOT FOLLOWING ALL INSTRUCTIONS CANNOT BE CONSIDERED.**

Answer all questions using the blanks provided.

***Note you must prepare and submit your Application On-Line.**

*** see website for instructions after December 15, 2009.**

Please Note: Applicants with outstanding/late evaluations for previous CRCF grants, due on or before this application due date, that are not received by the Foundation before this application due date, will not be considered for funding for this grant cycle.

*This application is for informational purposes only. To apply for any CRCF grant you must use our online system.
Click here to apply: <https://crcfgrants.egrant.net>*

This application will be used only by the YAC (Youth Action Committee)—advisory committee of the Community Foundation’s Youth Fund—for its grants. All grants must benefit young people (primarily 12-18 year olds) in the tri-county area of Ingham, Clinton and Eaton Counties, Michigan.

Date of Application: _____

Grant Request From: _____
Legal Name of Organization, School, or Governmental Entity

Address: _____

City: _____ **County:** _____ **State & Zip:** _____

Telephone: _____ **FAX:** _____ **Email:** _____

Head Person or Authorized Agent: _____
Name and Title

Contact Person (Name, Title, Address, Telephone) if different from above:

Amount Requested: \$ _____ *Date Organization Established* _____

Project Name: _____

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Does your Organization have federal **tax-exempt status** under Section 501(c)(3) of the Internal Revenue Code?
Yes _____ No _____ (If yes, **attach copy of IRS ruling letter** to original Application.)

If you are **other qualifying entity**, please indicate which of the following:

- _____ School
- _____ Governmental (city, township, etc.)
- _____ Church or Religious Organization for community-benefit project

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If applying through other qualifying entity, please state **Fiscal Agent's** name, contact person's name and title, address, telephone and fax: (Attach Fiscal Agent's endorsement on its letterhead for the purpose of grant request, and agreement to manage any grant monies awarded, acceptance of legal responsibility for ensuring the charitable nature of the funded project, for accountability of the project, and agreement to communicate directly with the Community Foundation for provisions of reports and correspondence as outlined in contractual documents.)

Are you requesting funds for a **new program**? Yes _____ No _____ ; an **existing program** Yes _____ No _____
OR a **capital request** (i.e. to purchase equipment, build or renovate a building)? Yes _____ No _____

Will this grant from the Community Foundation help meet a **required match**? Yes _____ No _____
If yes, by whom?

List all **previous grants** received from the Capital Region Community Foundation through the application process within the last five years:

<u>Purpose/Project</u>	<u>Amount</u>	<u>Date</u>
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Grant Purpose Synopsis (75 words or less): (What would the grant money be used for?)

Number of youth in the tri-county only (Ingham, Clinton and Eaton Counties) and age group to be served by project/
program (if covers a larger area, just list number in tri-county here): # _____ Age group: _____

Geographic area served by project/program: _____

Beginning and ending **dates of project/program**: _____

Date(s) the grant funds would be needed: _____

Total Project Cost: \$ _____ **Amount Requested:** \$ _____

In the event we are unable to fund your full request, please indicate **priority items** and dollar amount for same:

_____, \$ _____

List the **General Objectives/Mission** of the Organization including number of individuals or families served:

Number of full-time **employees**: _____ Part-time employees: _____ Volunteers: _____

Will this grant involve additional employees? Yes _____ No _____. If yes, how many? _____

List **names and ages of youth involved** in the following parts of the project/program to be funded:

Planning: _____

Grant writing: _____

Implementation: _____

Please list ways in which the YAC might perform community service for your organization.

1. _____

2. _____

3. _____

Signatures of Two Authorized Agents--for example: Applicant's Head of Organization (Chair, Superintendent, Mayor, etc.) and Head of Staff (Executive Director, Pastor, Principal, etc.):

Signature Date: _____

Typed Name and Title: _____

Signature Date: _____

Typed Name and Title: _____

NARRATIVE

Please provide the following information in this order, using these headings, subheadings and numbers. The Narrative is **not to exceed four pages**, including one page for the budget (one side counts for one page), may be single spaced in not less than 11-point font size. *Because of the number of applications to be reviewed, all applications not following instructions shall be disqualified.*

1. Purpose of Grant
 - a. Statement of needs/problems to be addressed, description of target population and how they will benefit.
 - b. Description of project goals and objectives.
 - c. Plans to accomplish goals and objectives.
 - d. How will this program help youth to develop assets or skills, i.e. commitment to learning, positive values, positive relations skills, decision-making skills, positive sense of self worth, purpose and power? Are there other youth assets that your program will help to develop?
 - e. Timetable for implementation.
 - f. Who are the other partners in the project and what are their roles?
 - g. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
 - h. List key staff and volunteers and youth including name, title, education, qualifications and/or experience that will ensure the success of the program.
 - i. Describe any long-term strategies for funding this project at end of grant period.
 - j. List the top five reasons the Community Foundation should fund this proposal.

2. Evaluation (If funded, the Community Foundation will also supply an Evaluation form to be completed.)
 - a. Plans for evaluation including how success will be defined and measured.
 - b. Will a site visit be possible by Community Foundation YAC representatives to view the project/program in progress? If yes, please give an idea as to when, where, what and with whom we can visit.

3. **Budget** (to provide the needed detail, the line-item project budget is required at the end of the 4-page narrative, and you must indicate priority items) ***NOTE:** preference will be given to grant applications that provide clear, complete, and detailed project/program budgets with clear priorities listed. The **full** organizational budget is required under the mailed attachment section.
 - a. Provide a detailed line-item program/project budget including **how** the budgeted amount was calculated and **exactly how our grant, if awarded, will be spent.**
 - b. List **all** other funding in the line-item project/program budget. List amounts requested or secured for the proposed project/program from all other funding sources including foundations, corporations, and individuals. Please indicate in-kind support and organizational commitments as well. ***Note:** priority will be given to applications that encourage matching gifts/additional funding, or have dollars/in-kind support already secured or pledged.

Please Note: Project or program for which funding is being requested cannot take place before grants are reviewed, which will take place on March 8, 2010.

ATTACHMENTS (Those applicable)

1. Copy of current IRS determination letter indicating 501(c)(3) tax-exempt status; include all pages. (Staple 1 to original of mailed Application, only.)
2. For School applying on behalf of School Student Organizations: Copy of student organization's constitution and bylaws, rules of procedures or other evidence of the organizational structure, and

- list of officers. (Staple 1 to original of mailed Application, only.)
3. Most recent annual financial statement-(required), (independently audited, if available). (Staple or clip 1 to the original of mailed Application, only.)
 4. Annual Report, if available. (Staple or clip 1 to original of mailed Application, only.)
 5. List of Board Members, Governmental or Church Council Members, with affiliations. (Attach 1 to on-line & 1 to each mailed Application. 10 total.)
 6. Applicant's current annual operating budget, including expenses and revenues. (Attach 1 to on-line & 1 to each mailed Application. 10 total.)
 7. Up to three letters of support for program verifying project need, collaboration with other organizations, and community support. (OPTIONAL; if supplied, attach 1 set to on-line & 1 set to each mailed Application. 10 total.) *Must arrive with emailed Application.
 8. If you are applying for a capital grant, attach a picture of the equipment the grant would purchase. (OPTIONAL; if supplied, staple one to each mailed Application. 10 total.)

COPIES AND ORDER: All applications including the application body, narrative w/budget, and applicable attachments, must first be submitted on-line. The printed original, plus **9 copies of the original (10 total), including applicable attachments-see above- must be mailed or hand delivered and received** by the Capital Region Community Foundation by the required deadline(s). Each set should be stapled once in the upper left-hand corner, including attachments (except audited statement and Annual Report may be paper clipped to original Application because of bulk), not in separate envelopes or folders.

Order of each mailed packet: (1) Application, (2) Narrative w/budget, and (3) Attachments listed above. Please do not include other attachments, folders of information, cover letters, etc.; brevity is greatly appreciated.

DEADLINE(s): All CRCF Youth applications must follow this form. CRCF Youth grant applications **must be RECEIVED/SUBMITTED on-line**, complying with grant application instructions and following the "2010 Youth Grant Application" form. **The YOUTH eGrant deadline is no later than 5:00 p.m. on February 8th. The 10 hard copies must be must be postmarked no later February 8th** (mailed to the Capital Region Community Foundation office, 6035 Executive Drive, Suite 104 Lansing, MI 48911, (corner of Executive Drive and Miller Road)). Applications must be mailed or hand-delivered; facsimiles and email submissions will not be accepted.

Our phone number is (517) 272-2870, if you need further directions. In fairness to applicants who meet the deadline, we will not accept late submissions—please do not call for an extension.

STAFF ASSISTANCE: If you would like to discuss a grant idea, verify qualification of your proposal or organization, or have any questions at all, please call Pauline Pasch, Program Officer/YAC Advisor, at 517-272-2870, and she will be happy to help in any way possible.

Capital Region Community Foundation

"The Center for Charitable Giving"

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Lansing, MI 48911

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