



## Grant Application Cover Sheet

Project Title: \_\_\_\_\_

Group Name: \_\_\_\_\_

### Grant Guidelines:

The following information must be included in the application. Please check once completed, as project must meet all of the following criteria in order to be funded:

- Youth led, youth initiated projects with youth defined as 5-21 years old
- Documentation of organization that will manage the funding for the project
- Grant proposal written by youth
- Project must be in held in Douglas County
- Fit at least one Youth as Resources project priority area (Listed below)
- Project must meet an identified Douglas County community need
- Youth as Resources fund allocations will be at least \$50 and not exceed \$1000
- Detailed budget stating how dollars will be used (\$ can not go towards salaries, equipment or fundraising)
- Youth as Resources will be recognized

\*If funded the organization managing the funding for the project will receive a check within 2 weeks of grant approval.

### Office use only

**QB:** Date/Initials \_\_\_\_\_ **AFDB:** Date/Initials \_\_\_\_\_ **Website:** Date/Initials \_\_\_\_\_

Date request received \_\_\_\_\_

Date request is reviewed \_\_\_\_\_

Accepted

Denied

Notes: \_\_\_\_\_

\$ _____	Amount Requested	_____	Date Paid	_____	End Report Sent
\$ _____	Amount Granted	_____	Check #	_____	End Report Received

## YAR Mission:

Fostering leadership and community involvement of youth through youth/adult relationships

## **Project Priority Areas:**

All Youth as Resources projects must fit into one or more of these priority areas:

- **Increase youth activities:** Participate in safe, positive activities that build social skills and community involvement; Increase community involvement
- **Decrease Racism and Bias:** Increase acceptance, understanding and interaction of people of diverse cultures and backgrounds.
- **Promote Healthy Choices:** Develop awareness of mental and physical health issues; Reduce stress and improve self-esteem; Develop alternatives to substance abuse;
- **Encourage Successful Youth:** Have supportive relationships with caring adults; Stay in school and graduate; Develop increased self-esteem, skills and resilience
- **Increase Self Sufficiency:** Meet basic needs of food, clothing and shelter; Develop independence through education/employment; Help older people and people with disabilities live as independently as possible and be connected with the community
- **Strengthen Families:** Improve parenting skills; Use healthy, nonviolent means to solve conflict; Promote households free of abuse; Establish and access affordable child care

## Please note:

- The YAR board meets monthly (September-May). All grant applications need to be submitted at least **1 week** prior to board meetings. The board meets the 4<sup>th</sup> Tuesday of each month. Please check the YAR website calendar for a posting of board meeting dates. Visit [www.uwdp.org](http://www.uwdp.org) and click on "YAR."
- If funding is approved, an *End of Project Report* is required upon completion of your project-this report can be accessed at the United Way website. Visit [www.uwdp.org](http://www.uwdp.org) and click on "YAR."

### Submit Application To:

Amy Reineke, YAR Coordinator  
Horizon Public Health  
809 Elm Street, Suite 1200  
Alexandria, MN 56308  
[amyr@horizonph.org](mailto:amyr@horizonph.org)

## Youth as Resources Grant Application Form

Please answer the following questions, keeping the application to a maximum of 5 pages.

Project Title: \_\_\_\_\_

Group Name: \_\_\_\_\_

Date of Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Organization that will manage the funding for the project:  
\_\_\_\_\_

Youth Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Adult Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check Made Out To: \_\_\_\_\_

Check Mailed To: \_\_\_\_\_  
\_\_\_\_\_

Grant Written By: \_\_\_\_\_

### ORGANIZATION:

1. Describe your group.

2. Group Mission

### PROJECT:

1. Describe the project.

2. When will your project be held?

3. What is the timeline for completion?

4. Where will your project be located? (must be held in Douglas County)

5. Has this project been done before? If so explain.
6. State your goals and specific steps to achieve them.
7. Which Youth as Resources project priority area does this relate to and how?
8. How have youth been involved in planning & implementing the project?
9. Who is this project serving?
10. Why does this target population need this project at this time?
11. Amount requested? (\$50 - \$1,000) Please complete itemized budget form.
12. What is your total project budget
13. Will you be receiving other funding?
14. How will you publicize this project?
15. How will Youth as Resources be recognized as a funder?
16. How will you determine whether the project is successful?
17. What other information do you wish to share about this project?

# Youth as Resources Grant Budget Form

Project Title: \_\_\_\_\_

Budget Items	Description of Items	\$ Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Amount Requested from YAR</b> <b>+ <u>Funding from Other Resources</u></b> <b>Total Budget of Project</b>		\$