

# Washington County Youth Foundation Grant Application

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

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

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

Address \_\_\_\_\_

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

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

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

Title \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

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

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 Washington County Youth Foundation 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 Washington County Youth Foundation guidelines.

Project Leader (Youth)

Project Leader (Adult)

Sponsoring Organization Representative

Signature

Date

Signature

Date

Signature

Date

**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.

\_\_\_\_\_  
\_\_\_\_\_

**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, as appropriate:

Young children

Low-income families

People who are sick

Disabled

Other youth

Whole neighborhood or community

Elderly

The environment

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)?  
\_\_\_\_\_  
\_\_\_\_\_

*\* Please check here if your group is interested in doing a presentation in the community. Yes No*

**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 Washington County Youth Foundation?  
\_\_\_\_\_
- Who will oversee use of these funds? \_\_\_\_\_
- What other donations of funds, time, talent, or materials have you received for this project?

DONATED ITEM(S)	ESTIMATED VALUE
<b>Total Estimated Value of Donated Items</b>	

**7. PROJECT BUDGET**

ITEM(S)	AMOUNT REQUESTED
<b>OPERATIONAL</b> (supplies, materials, rental, etc.)	
<b>TRANSPORTATION COSTS</b> (if necessary)	
<b>RECOGNITION COSTS</b> (no more than 10% of grant)	
<b>TOTAL</b>	