A STESOUTCES

Giving. Serving. Leading.

Project Name: _______ Project accepted: (circle one) Yes / No Amount granted: \$______ Authorized by: ______ Date: ______

Project Guidelines

We are excited that you are interested in serving our community, and we are eager to assist you in your endeavor. It is important that all projects are planned and implemented by youths 18 years of age or younger. YAR can assist with \mathbf{up} to \$500 of your budget. Your service project must be affiliated with a 501(c)3 not-for-profit organization. This can include, but is not limited to, school clubs, academic teams, sports teams, church youth groups, etc.

We are looking for projects that: ______

- Put the ideas and energies of young people to work to address important community needs
- Are designed and carried out by the same group of young people, with adults serving as supervisors
- Have a realistic budget and solid plans

How grant money CAN be used: _____

- For the direct operation of the project
- Transportation
- Recognition of the project participants
- A minimum of 85% of the grant award must be used to carry out the project
- A maximum of 15% may be used to recognize those who participate in the project

How grant money CANNOT be used: ______

- As wages to pay a bus driver, speaker, etc.
- As a direct donation to any person, group or organization
- To purchase capital items or rent machines
- To evangelize or to spread religious messages

If you have questions regarding how the money may or may not be used, please contact the YAR coordinator at (765) 362-0694 ext. 18.

Where do you begin? _____

- Complete the following application
- All youth involved with the project must complete a pre-project survey
- Once these are complete, contact the YAR Coordinator to set up a time to present your grant proposal to the YAR Board. This is a short 10 minute presentation to YAR explaining your project and the benefits it will have on the community.

Application

| roject Name: Date of Project: | | | |
|--|--------|--------|--|
| Group/Organization: | | | |
| Should your grant be approved, the check should be made out to: | | | |
| Youth Contact: | Phone: | | |
| Age: Grade: Email: | | | |
| Adult Contact: | Phone: | Phone: | |
| Address: City: | State: | Zip: | |
| Email: | Fax: | | |
| Describe your project: | | | |
| Who is your project serving? | | | |
| Does your project take place in Montgomery County? (circle one) Yes / No | | | |
| What do you want your project to accomplish in our community? | | | |
| How will you advertise this project and its success? | | | |
| How will you celebrate your project's success? | | | |

Budget

How much are you requesting from YAR? \$_____

| Donated Items | Estimated Value |
|---|-----------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Estimated Value of Donated Items: | \$ |

| Project Needs | Cost |
|--|------|
| Operational (supplies, materials, etc.) If more space is needed, please attach a separate sheet. | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Recognition (maximum 15% of amount requested) | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Project Costs: | \$ |

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 participation on the basis of age, race, sex, color, national origin, or disability. The undersigned certify that:

- I. 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 YAR guidelines.

| Project Leader (Youth) | Date |
|------------------------|------|
| Adult Supervisor | |

All groups/organizations applying for a YAR grant must present the project proposal to the YAR Board.

Please include the following in your presentation:

- Amount you are requesting
- Description of your project
- What made you decide to do this project?
- Who is going to benefit from this project?

Please contact the YAR Coordinator at (765) 362-0694 to set up a time to present the project proposal to the YAR Board.

Pre-project Checklist:

- Contact the YAR Coordinator to set up presentation date*
 Grant application completed
 Provide proof of 501(c)3 status
- Provide proof of 301(c)3 status
- ☐ 10 copies of grant application for YAR Board
- Pre-project surveys completed (these must be turned in at the time of your presentation)

Project Checklist:

- ☐ Publicity for project
- ☐ Completed post-project surveys
- ☐ End of Project Report completed by ADULT CONTACT
- ☐ Remaining funds to be reimbursed to the Youth Service Bureau

