



## GRANT APPLICATION FORM

Mail to: Youth<sup>2</sup>  
C/O Beverly Lazar Davis  
28 George St.  
Saratoga Springs, NY 12866

Grants are to be completed by youth, up to and including age 22, who live in Saratoga County. Youth can ask for grants up to \$500.00. The grant application can help youth in your local community or anywhere in the world. IF YOU NEED HELP, PLEASE CONTACT: [youthsquared@yahoo.com](mailto:youthsquared@yahoo.com)

Information on past, successful grant applications can be found on our website: <http://YouthSquared.org/>

### PART I

My name is \_\_\_\_\_

I am \_\_\_\_\_ years old.

Address \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Title and Description of my project: *(add additional pages if necessary)*

Title \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What excites you about doing this project? \_\_\_\_\_

\_\_\_\_\_

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How will this project help other youth in the community?

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Where and when will this project take place? \_\_\_\_\_

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How will you use the money given to you by Youth<sup>2</sup>-Youth Helping Youth to help with your project?

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If your project will cost more than \$500.00, please list where you plan to get the extra money that you need to do your project.

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The adult sponsor (helper) who is assisting me is *(optional for people 18 and older)*:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Organization or Group \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Names of young people helping me to do this project are:

*Please list all names, addresses, phone #'s and ages.*

Name	Address	City	Phone #	Age
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## Part II

How do I choose a group of youth to help?

1. Get in touch with an organization, church/synagogue/mosque/temple, hospital, school, or corporation who has a 501c3 status (tax-exempt organization).
2. Ask your adult sponsor to help you.
3. Share your ideas of how you want to help the group of children (Examples: children of parents dying from AIDS, foster children, disabled children, children who have difficulties reading, etc.)
4. Get a short letter of approval of your project from the Director of the organization. This brief letter should say that the organization wants your help. (Example: Saratoga Hospital would like to receive money raised from a community basketball tournament to help build the Pediatric section of the new Emergency Room.)

The school, community service, religious or corporate organization that I want to help is:

Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Make sure that your organization has 501c3 status (they are a tax-free organization, according to the Internal Revenue Service) and include in this grant a brief letter of support for your project from the Director of the organization.

### Part III

A parent or guardian must sign the Consent for Participation in the Youth<sup>2</sup>-Youth Helping Youth *Grant Awards Program* for each youth under the age of 18 participating in the grant. Those 18 and older must sign the Consent Form themselves. (Examples: Each youth participating in the production of the Youth Theater Ministry must sign a consent form; two youth creating an after-school Reading to Youth Project need to have their parents/guardians sign a consent form.)

### CONSENT FOR PARTICIPATION IN THE YOUTH<sup>2</sup>-YOUTH HELPING YOUTH GRANT AWARDS PROGRAM

I \_\_\_\_\_ (parent or guardian) am the parent or guardian of \_\_\_\_\_ (youth working on this project). I understand that this grant application and project, including photos/videos become the exclusive property of Youth<sup>2</sup>- Youth Helping Youth and the Community Foundation for the Capital Region. By submitting this grant application, the writer of this grant agrees that he/she/they not be entitled to any compensation. Youth<sup>2</sup> and the Community Foundation for the Capital Region are given full permission to use the applicant's likeness in any photographs, videotapes, recordings or other record of this project for the purpose of promoting the project, celebrating youth, and youth community service.

By signing this *Consent for Participation* the applicant/participant and applicant or participant's parent or guardian agree to indemnify, defend, and hold harmless Youth<sup>2</sup>- Youth Helping Youth and the Community Foundation for the Capital Region and its affiliates and each of their related entities, agents, directors, officers, representatives and employees as well as any program sponsors from any and all liability, damages or courses of action with respect to or in any way related to or arising out of the youth's participation in the project.

It is understood that any cash prizes awarded are in the form of project grants and shall be used solely for the purpose outlined in the grant application.

Youth Participant Name (Print) \_\_\_\_\_  
Youth Participant Name (Sign) \_\_\_\_\_

Parent or Legal Guardian Name (Print) \_\_\_\_\_  
Parent or Legal Guardian Name (Sign) \_\_\_\_\_

Parent or Legal Guardian Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Date: \_\_\_\_\_