



GRANT APPLICATION FORM

Mail to: Youth² 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

Information on past, successful grant applications can be found on our website:
www.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: _____

How would you like to help the local or world community? Describe the need or problem that you are trying to address? Is this the kind of help the people you are trying to help want?

What is your inspiration for taking on this project?

What excites you about doing this project?

How will this project benefit other youth in the local, national or global community?

Where and when will this project take place?

How many youth will the project serve? How many adults?

List the skills that you currently have to achieve your goals. What skills do you think you will develop doing this project? What outside help might you need?

What are your biggest obstacles (something that blocks you reaching your goal) to achieving success?

Do you have plans to involve other youth in organizing your social action project? If so, please explain further.

Budget Section:

List **all** your expenses and how they will be used to further your mission. What items might you be able to get in-kind/free/donated?

Sample Table:

(Please place the most important expenses/costs first.)

Items Description:	Amount (how many):	Cost:	Use:
Park Insurance for 5K run	1	\$200.00	Need for site use
Water Bottles	96	\$20.00	Health & Safety
Paper/Printing Flyers	200	\$4.00	Instructions for Walk/Run
T-Shirts	50	\$400.00	Promote mission/to sell

Your Table:

(Please place the most important expenses/costs first.)

Item Description: Amount (how many): Cost: Use:

If not fully funded by Youth²- what expenses can be eliminated from your budget?

Could you still do your project without those expenses?

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.

AFTER YOUR PROJECT IS COMPLETED: Please email this section to us.

What was the impact (effect) of your project on those providing the service to the community? What was the impact of your project for those being helped?

What would you do to have improved your project?

ADULT SPONSOR:

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 Youth²-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 each of their parents/guardians sign a consent form.)

CONSENT FOR PARTICIPATION IN THE YOUTH² - 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 Youth² - 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. Youth² 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 Youth² - 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: _____