



GRANT APPLICATION FORM

Email to: daniel@campstompingground.org

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: daniel@campstompingground.org

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

Part I

Full Name

Preferred Name

Age

Street Address

City

State

Zip

Email

Phone

You may put your parent/guardian's contact information here if you are under 18 or do not have accounts of your own.

Adult Sponsor* Full Name

Organization

Street Address

City

State

Zip

Phone

**An adult sponsor is not required for grantees 18 and older.*

About Your Project

Title

Description

How would you like to help the local or world community?

Describe the need or problem that you are trying to address. Consider: *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.

**If applicable, list the other youth who will be assisting with this project.
Application continued on the next page.**

Please list all names, addresses, phone numbers, and ages.

Name	Address	City	Phone	Age
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Budget Continued

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.

Do you intend to seek funding sources outside of/in addition to Youth²

If yes, please explain any other avenues you intend to pursue here.

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 Name

Title

StreetAddress

City

State

Zip

Telephone

Email

I have made sure that my organization has 501(c)3 status or an equivalent (they are a tax- free organization, according to the Internal Revenue Service) and will include in this grant a brief letter of support for your project from the Director of the organization.

Part 3, The **Consent for Participation Form**, can be found on the next page.

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, guardian, or otherwise legal caregiver
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 will 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 it's 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

Youth Participant Signature

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Phone

Parent/Guardian Email

Date