



YOUTH ADVISORY COUNCIL

BARRY COMMUNITY FOUNDATION YOUTH ADVISORY COUNCIL

GRANT APPLICATION

Name of Organization: _____

Name of School (if needed): _____

Applicant Organization Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Youth Project Leader Name: _____

Phone Number: _____ Email: _____

Adult Sponsor Name (and Title if Applicable): _____

Address (If Different from Organization Address): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Amount of this Request: \$ _____ **Date:** _____

A signed copy should be submitted to Jillian Foster. Copies may be scanned and electronically sent to jillian@barrycf.org or faxed or mailed to the Barry Community Foundation.

Attn: Jillian Foster, YAC Advisor
Barry Community Foundation
231 S. Broadway
Hastings, MI 49058
Phone: (269) 945-0526
Fax: (269) 945-0826



YOUTH
ADVISORY
COUNCIL



BARRY
COMMUNITY
FOUNDATION

Applications are due by October 15 for grants to be awarded in December or by March 15 for grants to be awarded in May.

INSTRUCTIONS: Please thoroughly answer all questions in the order provided. Please do not attach documents other than those specifically requested. Representatives of the applicant organization or project team may be asked to send further information or be interviewed by YAC members. Application must be completed by the youth project leader. If the youth is unable to complete the application, please contact the YAC advisor to discuss possible alternatives.

HISTORY OF APPLICANT ORGANIZATION Briefly describe the history of the applicant organization: when it was founded, where it is located, whom it serves and the number of members.

PROJECT TEAM Please list the number of persons involved in planning the program. Please indicate those who are under 21 and give their ages. List the number and responsibilities of paid staff, if any, and volunteers who will be involved in the project; list any other organizations that will assist in the project.

PROGRAM DESCRIPTION Describe the purpose of your project, the manner in which it will be carried out, how often it will be provided, how many people will be served, and the location where the program is to be provided. ***Please specifically explain how your project will serve youth, or how it fills a need for youth, in Barry County.***

EVALUATION Please describe how you will determine whether you accomplished your purpose. *Please note that if a grant is awarded, it will be necessary to submit a final report to the Barry Community Foundation upon the completion of the grant period, and a site visit to see the completed project may be requested.*

PROJECT BUDGET Please present a detailed estimate of project costs. If transportation costs are included, please attach evidence of current insurance. If project costs exceed your grant request, indicate the source(s) of other funds. State whether this program will continue in the future, and, if so, how it will be funded.

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ATTACHMENTS

For Non-Profit Organizations

- Copy of Internal Revenue Service Tax-Exemption Letter Confirming 501(c)(3) Status
- Copy of Most Recent Annual Financial Statement and Balance Sheet

For Student Organizations

- Copy of Organization's Constitution, Bylaws, Rules of Procedure, or Other Proof of Organizational Structure
- Statement of Organization's Current Financial Balance Signed by an Officer

CERTIFICATION

To the best of my knowledge and belief, statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of the grant.

I understand that the Barry Community Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

501(c)(3) nonprofit tax ID number: _____

Signature of Youth/Student Project Leader

Date

Print name: _____

Signature of President or Executive Director of Applicant Non-Profit

Date

Print name: _____

FOR SCHOOLS:

In signing this application, the adult advisor/director verifies that the applicant is a registered student organization and that the school will act as fiscal agent for any moneys awarded.

Signature of Youth/Student Project Leader

Date

Print name: _____

Signature of Adult Advisor

Date

Print name: _____

Signature of Principal or Authorized Administrator

Date

Print name: _____