

Bedford Community Foundation
YOUTH ADVISORY COUNCIL

Grant Application
(Please reproduce as needed)

Please type or print using black ink. Additional sheets may be added if necessary.

Name of Organization _____
(If a student organization, please provide name of school, or sponsoring agency)

Address of Applicant Organization _____

City _____ State _____ Zip _____

Organization Phone Number (Day) _____ Evening _____

School or Sponsoring Agency Number (if applicable) _____

E-mail: _____

Name of Project Leader _____

Phone _____ E-mail _____

Name of Adult Sponsor _____

Phone _____ E-mail _____

PROJECT DESCRIPTION:

What is the name of the project? _____

What is the project goal/purpose? _____

Why is this project needed? _____

Is this a new project? _____ What do you hope to accomplish? _____

Is this a one time request? _____

Please describe the project, the way it will be carried out, how many youth will be served, and the location where the program is to be provided. Please include a timetable for implementation and completion.

(Attach sheet if needed)

PROJECT TEAM: Please describe your project team. Indicate those who are under 21 years of age 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 with the project.

EVALUATION: Please describe how you will determine whether you accomplished your goal. Please note that if a grant is awarded, it will be necessary to submit a final report to the Youth Advisory Council upon completion of the grant project.

GRANT REQUEST

(How much money are you requesting and how will this money be used?)

FUNDING PLANS

Describe the plans that your group has made to finance this project.

Is your group raising any of the money? If so, how?

List other funding sources and the amounts they will contribute to the project.

Have you been refused any funding for this project? _____ If yes, why?

If Youth Advisory Council does not approve your request for this grant, what alternative plan would you follow?

PROJECT BUDGET

Please present a detailed budget of the entire 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.

(Please attach budget sheet)

APPLICANT ORGANIZATION (You may attach a brochure or printed sheet)

Please describe your organization. What are the general objectives of your organization? Is it non-profit, public, or student? Who does your organization serve? How many? How many youth?

ADDITIONAL MATERIALS TO SUBMIT WITH YOUR APPLICATION

If a nonprofit organization:

- _____ 1. Copy of Internal Revenue Service tax exemption letter confirming 501 (c) (3) status.
- _____ 2. List of members of organization’s governing board.

If a student organization:

- _____ 1. Copy of organization’s constitution, bylaws, rules of procedure, or other proof of organizational structure.
- _____ 2. List of officers of the organization and the frequency of meetings.
- _____ 3. Statement of organization’s current financial balance signed by the officer.

CERTIFICATION

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

Signature of Organization President/Director _____ Date _____

If a student organization:

Signature of Student Project Director _____ Date _____

Signature of Adult Advisor/Principal _____ Date _____

Signature of Superintendent _____ Date _____

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

Submit completed application to:

**Bedford Community Foundation
Youth Advisory Council
c/o Sharon Throm, Advisor
8013 Kingsboro Court
Temperance, Michigan 48182
(734) 847- 6898
sthrom@buckeye-express.com**