



CANTON *Leisure Services*
Creating Community



Youth Advisory Council Grant Application

REQUEST FOR PROPOSALS

DEADLINE:

The Canton Township Youth Advisory Council, in cooperation with the Canton Community Foundation announces the availability of grant funds to support projects or groups that fund youth programs.

NOTE: Suggested grant request is in the \$100 to \$1,000 range

SELECTION CRITERIA

Any non-profit organization with 501(c)(3) status located or serving those in the Plymouth-Canton area that is in need of funding for programs that are beneficial to youth.

In evaluating each application, funding decisions will be made based on the following criteria. Priority consideration will be given to programs that meet the following:

- Beneficiaries of grant funds must be 19 years of age or younger.
- Program must serve youth in the Plymouth-Canton area.
- Youth must be involved in the planning and application writing process.

HOW TO APPLY

A grant applicant must submit 4 copies and an original of the Canton Community Foundation Youth Advisory Council Grant Application, along with the required attachments. Applications will NOT be considered by the Committee if this requirement is not met.

DEADLINE

Complete applications and materials are due no later than **5 p.m. on April 8, 2018** at the Canton Community Foundation office located in the Canton Human Services Center. Applications should be sent to:

Youth Advisory Council Grant Application Review Committee
c/o Canton Community Foundation
50430 School House Road, Suite 200
Canton, MI 48187
734-495-1200

REVIEW PROCESS

Each application will be thoroughly reviewed by the Youth Advisory Council. Youth Advisory Committee recommendations for funding will be brought to the foundation's Board of Trustees at the March meeting for approval. All applicants will be notified by mail of the Youth Advisory Committee's decisions.

Members of the Youth Advisory Committee will review all applications on April 9, 2018

Youth Advisory Council Grant Application

GENERAL INFORMATION

Date: _____

Name of organization: _____ Contact Name: _____

Name of fiduciary (if applicable): _____

Address: _____

Preferred mailing address (if different): _____

City/State/Zip: _____

Phone number: _____ Website: _____

Fax number: _____ E-Mail address: _____

I. PROJECT INFORMATION

Project name: _____

Name of person submitting this application: _____

Purpose of grant (one sentence): _____

Number of youth participants: _____

Number of adult participants: _____

Number of youth volunteers: _____

Number of adult volunteers: _____

Amount requested: \$ _____

Total project cost: \$ _____

Project period: Start date _____

End date _____

Geographic service area: _____

Signature of Applicant

Title

Date

Signature of Agency Director or School Principal

Title

Youth Advisory Council Grant Application

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

I. Narrative - Not to exceed 2 typed pages

A. Summary

Begin with a half-page summary. Briefly explain why you are requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

B. Project Information

1. Please state what you are asking the Youth Advisory Committee to fund.
2. Who will be served, including 1) total number served 2) age range.
3. Describe the target population and explain your method for reaching that population.
4. What will be accomplished?
5. How will this benefit youth in the Plymouth-Canton area?
6. How will youth be involved in the development and implementation of the project?
7. What is the timetable for implementation of the project?
8. How do you plan to publicize/promote your project?
9. How will you evaluate the proposed outcomes of your project?

C. Organization Information

1. Principal purposes and services of this organization.
2. Affiliation, if any, with religious groups (if none, state "NONE").

D. Financial Information

1. If the total project budget is greater than the amount requested, from what sources will the other necessary funds be obtained, and what funds have been raised to date?
2. What financial resources will be available for the continuation of this project?
3. Will this program take place regardless of whether or not a grant is received?

II. Attachments – If available and/or applicable (to be attached to this application)

A. Provide a Complete Project Budget

B. List of organization's governing body and officers (ONE COPY ONLY)