

## **Youth As Resources Of Allen County**

### **YAR/DAC Revised Grant Application**

#### **Youth As Resources Mission Statement**

**The mission of Youth as Resources of Allen County  
is to challenge youth to identify community needs  
and to develop and implement community service projects  
to address those needs in order to effect positive community change.**

**Youth as Resources, in Partnership with  
the Allen County Drug and Alcohol Consortium,  
Offers Grants to Youth Groups  
to Perform Community Service Projects**

#### **YAR/DAC Outcome Goals**

**To empower the youth of Allen County to plan and implement  
service projects to meet a community need**

**To recognize and promote youth as volunteers**

**To educate youth to become philanthropists**

**To foster youth-adult partnerships**

**To reduce the use of drugs and alcohol by youth ages 5—18**

2101 E. Coliseum Blvd.  
Fort Wayne, IN 46805  
260-481-6312  
260-481-4116 fax  
duffa@ipfw.edu  
[www.leadershipfortwayne.org](http://www.leadershipfortwayne.org)

## GRANT SELECTION CRITERIA

1. Youth As Resources grants may only be used for the direct operation of a community service project, and for transportation and recognition of the project participants. Recognition costs **cannot exceed 15%** of the total amount for which you apply.
2. The applying group/organization must be a not-for-profit and be able to **show proof of not-for-profit status**. Groups can use another organization's 501C3 status if approved by the YAR director.
3. To qualify for funding for a YAR/DAC grant:
  - ▶ The project must meet the following outcome goals:
    - **To empower the youth of Allen County to plan and implement service projects to meet a community need**
    - **To recognize and promote youth as volunteers**
    - **To educate youth to become philanthropists**
    - **To foster youth-adult partnerships**
    - **To reduce the use of drugs and alcohol by youth ages 5—18**
  - ▶ Project must be planned and implemented by **youth** from Allen County, with adults acting as partners.
4. The grant money may be used for the following:
  - ▶ Meeting expenses for youth to plan their project
  - ▶ Supplies and materials the youth will use in their project
  - ▶ Transportation to project sites if needed
  - ▶ Training directly related to the service project
  - ▶ Volunteer recognition
  - ▶ Conferences (Only if the sponsoring youth group pays for half of the cost **and** if the participants can show how they will use what they learn to meet the grant outcome goals.)
5. The grant money **MAY NOT** be used for the following:
  - ▶ Staff salaries or youth wages
  - ▶ Major equipment purchases
  - ▶ Projects conducted outside of Allen County
  - ▶ Religious instruction or conduction of worship services
  - ▶ Fund-raising or direct donations to other organizations (This includes buying items to be donated directly to an organization without any other service involved; i.e. buying cans to be donated to the food bank; or clothing to be donated to a clothing bank)
  - ▶ Operational or other expenses of the sponsoring organization
- 6 Youth **must** present their project idea to the YAR board at the presentation evening, Wed., Feb. 17, 2010.



# YAR/DAC Grant Application



Name of Group \_\_\_\_\_ Project Title \_\_\_\_\_

Number of youth that will participate \_\_\_\_\_ Age range of youth participants \_\_\_\_\_

**Youth Contact:** \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

**Adult Contact:** \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_

Fiscal Agent Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

The undersigned adult contact person and representative of the sponsoring organization hereby attest to the fact that ***this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.***

**Adult Project Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsoring Organization Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## The Fine Print

All YAR grants, awards and project participants must comply with all federal statutes relating to non-discrimination. This includes, but is not limited to, prohibition of participants on the basis of age, sex, color, national origin, or disability. The undersigned certify that

1. All information contained is accurate, contains no misstatements or misrepresentations, and represents a reasonable estimate of future operation based on data available at the time of the application.
2. The sponsoring organization assumes responsibility for liability.
3. The organization will comply with the Civil Rights and Handicapped Regulations summarized above.

**Adult Project Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsoring Organization Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# YAR/DAC Grant Application



## Your Project Idea:

What is the title of your project? \_\_\_\_\_

What is your project idea? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will your project take place? \_\_\_\_\_

When will your project begin and end? \_\_\_\_\_

Will you need additional advice or assistance to help complete this project?  Yes  No

*If so, what kind and from whom?* \_\_\_\_\_

Are there special permission slips, insurance coverage, etc., needed for this project?  Yes  No

*If so, please explain.* \_\_\_\_\_

## Outcome Evaluation:

What tools will you use to track and measure the success of your project? (check all that apply)

participant (people being served) surveys

volunteer (youth giving service) surveys

participant interviews

volunteer interviews

volunteer journals

volunteer group conversations

photos

other (please explain) \_\_\_\_\_

(Be sure to keep copies of these evaluation tools to return with your project report.)

How many youth will **actively perform community service** through this project? \_\_\_\_\_

How many adults will **actively perform community service** through this project? \_\_\_\_\_

How many people will **receive service** through this project? \_\_\_\_\_

What age group is your project serving? *Please check one or more boxes.*

Birth — 4                       5 — 9                       10 —14                       15 —18

19 — 35                       36 — 59                       60 & over

**Collaboration:**

Will any other organization or agency be involved with your project?     Yes                       No

If yes, please list the organization, telephone number, and contact person:

Name of organization \_\_\_\_\_ Phone \_\_\_\_\_

Name of contact person \_\_\_\_\_ Title \_\_\_\_\_

**Drug and Alcohol Consortium Component:**

All projects should include either a drug and alcohol education component or they need to provide alternative activities for youth. These education components and/or alternative activities can be for the youth providing the service or for any youth receiving the service. How will your project include these components and/or activities? \_\_\_\_\_

**Celebration:**

How will the volunteer group be recognized for a job well done?

**Community Awareness:**

How will you inform the community about your project? (Be sure to recognize YAR?DAC in your publicity.)



# Demographic Information Form

Project Title \_\_\_\_\_

Sponsor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PROPOSED PROJECT.

### 1. Total number of youth volunteers:

NUMBER OF YOUTH AGES:

NUMBER OF BOYS:

NUMBER OF GIRLS:

Birth — 4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 — 9 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10 — 14 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 — 18 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Totals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. Number of youth volunteers who are:

African American \_\_\_\_\_

Caucasian \_\_\_\_\_

Asian American \_\_\_\_\_

Hispanic \_\_\_\_\_

Native American \_\_\_\_\_

Other \_\_\_\_\_

### 3. Number of youth who are:

Rural \_\_\_\_\_

Urban \_\_\_\_\_

Suburban \_\_\_\_\_

4. Youth's Family Income Level (if known): \_\_\_\$ 0—\$20,000      \_\_\_\$20,000—\$35,000

                                 \_\_\_\$35,000—\$50,000      \_\_\_\$50,000 and above

### 5. Provide any other special characteristics that describe your project's youth volunteers.

6. Number of adult volunteers: Male \_\_\_\_\_

Adult Ages: 19-35 \_\_\_\_\_

Female: \_\_\_\_\_

36-59 \_\_\_\_\_

60 and over \_\_\_\_\_

# Grant Application Budget

PROJECT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ITEMS	*AMOUNT DONATED*	COSTS
<b>OPERATIONAL COSTS</b> (i.e. supplies, materials, equipment rental, snacks, etc. . . )		
<b>Line A—Total Operational Costs:</b>		
<b>TRANSPORTATION COSTS</b> (@ .55 per mile)		
<b>Line B—Total Transportation Costs:</b>		
<b>RECOGNITION COSTS</b> (Not to exceed 15% of total grant dollars requested)		
<b>Line C—Total Recognition Costs:</b>		
<b>TOTAL PROJECT COSTS (Sum of Lines A, B &amp; C):</b>		
Amount already raised or donated:		
Funds from other sources:		
<b>TOTAL REQUESTED FROM YAR:</b>		

(Use additional pages if necessary.)

**Which sponsoring organization representative will oversee the use of funds, keep track of the bills, copy receipts, and submit a financial report to Youth As Resources?**

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## CHECKLIST

- Completed application with demographic form
- Completed budget form
- Proof of sponsoring organization's not-for-profit status
- Keep a copy of the application for your group

Be sure to mark the youth presentation evening,  
**Wednesday, Feb. 17, 2010** on your calendar.

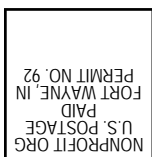
**Mail completed application  
by January 31, 2010 to:**

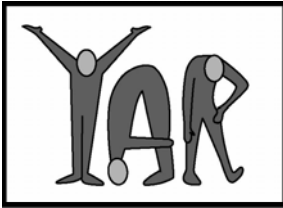
**Anne Duff, Program Assistant  
Youth As Resources of Allen County  
2101 E. Coliseum Blvd.  
Fort Wayne, IN 46805**

**Applications may be faxed to 260-481-4116  
Printable application online: [www.leadershipfortwayne.org](http://www.leadershipfortwayne.org)**

Return Service Requested

Youth Leadership Fort Wayne  
2101 E. Coliseum Blvd.  
Fort Wayne, IN 46805





## **Youth As Resources of Allen County**

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**THIS IS A NEWLY REVISED APPLICATION. PLEASE DISPOSE OF ANY OTHER APPLICATION YOU MAY HAVE RECEIVED AND USE THIS ONE. IF YOU HAVE ANY QUESTIONS CALL 481-6312 or EMAIL DUFFA@IPFW.EDU.**

### **YAR/DAC Funds Available for Grants**

- What?** YAR/DAC grants from \$100 to \$750 are available for projects that meet the following outcome goals:
- **To empower the youth of Allen County to plan and implement service projects to meet a community need**
  - **To recognize and promote youth as volunteers**
  - **To educate youth to become philanthropists**
  - **To foster youth-adult partnerships**
  - **To reduce the use of drugs and/or alcohol by youth ages 5 –18**
- Who?** Youth-serving agencies, schools, religious organizations, recreation programs, community/neighborhood centers, crisis centers, and other not-for-profit organizations that actively engage young people in solving community problems are welcome to apply.
- When?** The **required youth presentation evening** is Wednesday, Feb. 17, 2010. The **applications are due back to YAR** by Jan. 31, 2010.
- How?** Complete the Grant Application, indicating whether you are applying for either a YAR grant or a YAR/DAC grant and mail or fax it to:

Anne Duff, Program Assistant  
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Fort Wayne, IN 46805  
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260-481-4116 fax  
duffa@ipfw.edu  
You can also apply online at: [www.leadershipfortwayne.org](http://www.leadershipfortwayne.org)

#### **Need More Information?**

YAR staff are available to visit your group to help with the application process. Just call the above number to schedule your visit.