

# Sandusky County Youth Foundation Community Service Grant Application



Title of Project: \_\_\_\_\_

Youth Contact Person: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Address (Street #, City/Town, Zip Code): \_\_\_\_\_

Sponsor Organization: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Adult Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Address: \_\_\_\_\_

How many youth will participate (must be at least 2)? \_\_\_\_\_

Age range of youth in group: \_\_\_\_\_ How many adults will participate? \_\_\_\_\_

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Please provide as much information and detail as possible for each question.

A. Please describe your project:

B. What problem or need does it address?

C. Who will benefit from this project? How many will benefit?

D. a. How are youth involved or responsible for the work of this project?

b. How are adults involved or responsible for the work of the project?

E. How will youth be given recognition for work on this project?

F. When will the project begin and end?

G. Where will the project take place?

H. How will you know if you accomplish your project?

I. How much funding are you requesting to complete this project?

J. Who will keep receipts from the project and be responsible for submitting the required form upon completion of the project to the SCYF?

K. If funding is granted, how will SCYF be recognized?

L. How did you hear/learn about SCYF grant opportunities?

<b>Budget Narrative</b>	<b>Quantity</b>	<b>Cost</b>	<b>Total Cost</b>
<b>1. Supplies/Purchase/Rental</b> Example: Latex Paint	12 gallons	@\$18/gallon	\$216.00
<b>2. Transportation</b> Example: Charter Bus			
	5 trips	@ \$20/trip	\$100.00
<b>3. Miscellaneous</b>			
		<b>Total Cost:</b>	

Signed: \_\_\_\_\_ Date proposal submitted \_\_\_\_\_

Complete all sections of the application! Keep a copy of the application for your group.

Return to:

Sandusky County Youth Foundation  
C/O Sandusky County Communities Foundation  
2511 Countryside Drive, Suite C  
Fremont, OH 43420