**Youth Philanthropy Council**

**2023 Grant Application Cover Sheet**

*Place your cursor in the gray shaded box to begin typing your response.*

Project Name:

Requesting Organization:

Name of Grant Contact/Title:

Mailing Address:

Phone:             Fax:

E-mail Address:

Project Start Date:             End Date:

Must start after March 5, 2023 and be completed by Oct. 31, 2023

|  |  |
| --- | --- |
| Total Cost of Project | $      |
| Amount Requested from YPC | $      |
| Projected Number of Youth Involved (planning/helping) |       |
| Projected Number of Youth Served (participants) |       |
| Projected Number of Adult Participants/Staff/Volunteers |       |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant/Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agency Director or School Principal/Title Date

If your program will serve youth ages 12 and up, two youth members must sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Youth Participant Date

**Applications submitted without this cover page will not be considered for funding.**Completed applications are due in the Foundation office **by noon, Friday, January 13, 2023**. They can be emailed to Sarah Blake (Sarah@HutchCF.org), mailed to PO Box 298, Hutchinson, KS 67504-0298 or hand delivered to our office - First National Center; One North Main, Suite 501; Hutchinson, KS - but must be received by the 13th.

**Youth Philanthropy Council**

**2023 Grant Application Narrative**

Limit your responses to these six questions to **2 pages total.** Place your cursor in the gray shaded box to begin typing your response.

**1. State the mission of your organization.**

**2. Describe the project you are asking the Youth Philanthropy Council to fund.**

**3. How will this project benefit youth in Reno County?**

**4. How will youth be involved in the development and/or implementation of the project?**

**5. What plans do you have for incorporating this program/project into your ongoing work and how will you ensure it is financially sustainable?**

**6. If this project proposal is not fully funded, can it still be completed?**

 **Youth Philanthropy Council**

**2023 Grant Application Project Budget**

Please itemize planned purchases and indicate their use. You may expand this table to add additional rows if needed.

|  |  |  |
| --- | --- | --- |
| **Purchase** | **Estimated Cost** | **Use of Item in Grant Activity** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Total estimated cost** |       |

**BUDGET SUMMARY**— Please use the space below to address other funding sources that will contribute to the total cost of this project (if applicable), and include any additional narrative needed for clarity.

**STATEMENT OF SUPPORT FROM A YOUTH** - On a separate piece of paper, include a brief (two-three sentence), **signed** statement from a youth in support of the project. This can be a youth who will be involved in planning or executing the project OR a potential or past participant speaking to the value they see in the project.