



## **Youth Advisory Council**

### 2023 Grant Application Instructions

#### **About the Youth Advisory Council (YAC)**

The Chippewa County Community Foundation's YAC is responsible for developing grant recommendations for the annual distribution of income from the Youth Enrichment Endowment Fund. This fund was established by a grant from the W.K. Kellogg Foundation and is held in permanent endowment for projects and programs that benefit youth. YAC members identify issues of concern to youth in the community and prepare a grant application that addresses those areas. Finally, members review the grant proposals received and make funding recommendations to the Chippewa County Community Foundation's (CCCF) Board of Trustees.

#### **What are the focus areas?**

The YAC Students conduct a survey of all students at Sault Area High School. The data was collected and analyzed by the students. Based on this information, grants that focus on the following areas will receive priority consideration:

1. Activities that will engage youth (i.e outdoor activities, after school clubs, social groups, rec center, volunteer activities, etc) and provide an alternative to risky behavior.
2. Projects/initiatives that that help young people focus on future plans – college & job training/careers.
3. Programs that support the emotional well-being of our youth – suicide prevention, family support groups, help with depression and stress, mentoring programs, etc.
4. Drug, Alcohol, Tobacco and Prescription Drug intervention programs.

#### **Who is eligible to apply?**

Student groups and local non-profit organizations (including churches, schools, government agencies, and community groups with a 501(C)(3) non-profit status) may apply for grants for programs that benefit youth in Chippewa County. The YAC values projects that promote inclusiveness and that do not discriminate in hiring of staff or providing services on the basis of race, gender, religion, marital status, sexual orientation, age, national origin or disability. Applications from religious organizations for non-religious purposes will be considered.

#### **When and where are proposals due?**

**Grant applications must be submitted either through e-mail – [cccf@lighthouse.net](mailto:cccf@lighthouse.net) or mailed/dropped off at the CCCF's office by Friday, May 25th at 4:00 p.m.**

Chippewa County Community Foundation

Office: 511 Ashmun St., Suite 202 (second floor of Huntington Bank)

Mail: PO Box 1979

Sault Sainte Marie, MI 49783

If you have any questions, please e-mail: [cccf@lighthouse.net](mailto:cccf@lighthouse.net) or call: (906) 635-1046.

**Maximum Grant Request = \$5,000**

***Applicants will be asked to present their proposals to the Youth Advisory Council on the evening of Thursday, June 1<sup>st</sup> between 4:00pm and 8:00pm. (Exact time will be forthcoming)  
Please be sure a representative from your group will be available.***

Legal name of organization applying: \_\_\_\_\_  
(Name as it appears on 501(c)(3) determination letter)

Project contact person and title: \_\_\_\_\_

Address for primary correspondence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

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

PURPOSE OF GRANT :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

TOTAL PROJECT COST: \_\_\_\_\_

\_\_\_\_\_  
Signature, Project Contact Person

\_\_\_\_\_  
Printed Name and Title Date

\_\_\_\_\_  
Signature, Executive Director (*Superintendent or Principal if for a school*)

\_\_\_\_\_  
Printed Name and Title Date

### **PROJECT OVERVIEW**

Briefly respond to the following questions in the order given.

1. Provide a brief description of your organization (i.e., years of operation, services provided, etc.)
2. Provide a brief project overview. Describe the purpose of the program, the way in which it will be carried out, how often it will be provided, how many people will be affected, etc.
3. Specifically, for what purpose will the grant dollars be used? How critical is a grant to the success of your project?
4. If applicable, how does the project involve volunteers? List the number of personnel and volunteers involved in planning and carrying out the program. List the number of paid staff and their responsibilities for the program. List any other organizations that will assist in the project.
5. Will the grant act as “seed money”? What is your plan for permanent funding after the grant is used?
6. Provide a schedule of events or timetable for your project.
7. If there are any partners please identify who they are and the role they will play.
8. How will you evaluate the success of your project?
9. Have you applied to any other organizations to cover the cost of the project? If so, please identify the organization and the amount of the request.

### **BUDGET NARRATIVE**

Please include any additional information regarding your budget and expenses you feel may need further explanation, or will help the Youth Advisory Council in determining grant awards.

**ATTACHMENTS:** If available and/or applicable (*to be attached to this application*)

- A. **List of organization’s governing body and officers**
- B. **A copy of IRS tax exemption letter, if applicable.**
- C. **A copy of the organization’s current operating budget.**
- D. **A copy of the most recent annual report or promotional brochure.**

**TOTAL PROJECT EXPENSES**

Expenses: include ***the total amount*** for each of the following budget categories in this order:

- Salaries \_\_\_\_\_
- Payroll Taxes \_\_\_\_\_
- Fringe Benefits \_\_\_\_\_
- Consultants/Professional Fees \_\_\_\_\_
- Travel \_\_\_\_\_
- Insurance \_\_\_\_\_
- Equipment (itemize on separate sheet) \_\_\_\_\_
- Supplies (itemize on separate sheet) \_\_\_\_\_
- Printing and copying \_\_\_\_\_
- Telephone and Fax \_\_\_\_\_
- Postage and Delivery \_\_\_\_\_
- Rent \_\_\_\_\_
- Utilities \_\_\_\_\_
- Maintenance \_\_\_\_\_
- Evaluation \_\_\_\_\_
- Marketing \_\_\_\_\_
- Other \_\_\_\_\_

**TOTAL PROJECT EXPENSE** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED FROM THE YAC** \_\_\_\_\_

