

Youth As Resources is a program of Family Centered Services



YOUTH AS RESOURCES

Project Funding Request

SPONSORS:

Wells County Foundation

United Way of Wells County

Wells County Youth Services Bureau

APPLY TODAY!

Youth As Resources
Family Centered Services
123 S. Marion Street
PO Box 207
Bluffton, IN 46714
(260) 824-8574
Wells YAR@yahoo.com



What is YAR?

The Youth As Resources mission is to inspire and instill excellence in youth through the provision of grants, written and approved by youth, for the purpose of community improvement.

Who can apply?

YAR serves to promote youth philanthropy in the community. Any organized group of youth between the ages of 5-19 with an adult mentor may submit a Project Funding Request for any amount up to \$500. The youth involved in the project are responsible for assessing the community need, developing a project plan, presenting the project to the YAR board, implementing the project, evaluating the services they project and celebrating their success. The process is appropriate and adaptable for all ages of youth!

What are the criteria?

A YAR project must meet all of the following criteria:

- 1) The project must be YOUTH-LED**
from brainstorming project ideas to implementation of the project
- 2) The project must MEET A NEED** in the community
only projects that benefit Wells County or Wells County residents will be considered
- 3) The project must have a SOUND BUDGET**
Should include donations of time or material from others to extend the outreach of

How to apply?

- ◆ All Project Funding Requests must be completed neatly and in its entirety and submitted by the deadline to the address on the title page.
- ◆ The youth are expected to present a summary of the project and answer any questions the YAR board may have regarding the proposal during a grant screening session.
- ◆ If funded, the project must be carried out as presented; any unused funds after the project is complete must be returned to the YAR funding pool.
- ◆ After the project is complete, both the youth participants and adult mentor must complete a follow up report to be turned in within a reasonable period of time after completion of the project.
- ◆ If not funded, use the suggestions and recommendations from the YAR board and come back and try again!

Everyone who participates in a YAR funded project comes away from the experience empowered by their ability to effect change and improve the lives of others. Youth practice and perfect skills such as leadership, planning, teamwork and other life skills while the community benefits by utilizing these untapped resources in youth!

Why should I apply?



Please print clearly. No incomplete or incorrect applications will be accepted.

Name of Group _____ **Project Title** _____

Number of YOUTH participating _____ Age range of YOUTH participants _____

Number of ADULTS participating _____ Age range of ADULT participants _____

Has this group applied for YAR funding in the past? _____ If so, when? _____

Youth Contact _____ **Title** _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Age _____ Grade _____

Email Address _____

Adult Contact _____ **Title** _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Age _____ Grade _____

Email Address _____

Sponsoring Organization _____

Give a brief history and/or description of your group _____

Fiscal Agent Representative _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Fax _____

Email _____

All YAR-funded projects and project participants must comply with YAR program guidelines. The undersigned certify that:
1) The project proposal was initiated and prepared by youth and that the project will be planned and carried out by youth in partnership with adults.
2) All information contained is accurate, contains no misstatements or misrepresentations, and represents a reasonable estimate of operation based on data available at the time of the application.
3) The organization will comply with all federal statues relating to non-discrimination. This includes, but is not limited to, prohibition of participation on the basis of age, race, sex, color, religion, national origin, sexual orientation or disability.
4) The sponsoring organization assumes responsibility for liability.

YOUTH Project Leader _____ **date** _____

ADULT Project Leader _____ **date** _____

Sponsoring Organization Representative _____ **date** _____



YOUR PROJECT IDEA

Project Title: _____

Describe your project: _____

Who came up with the idea and how did it develop: _____

Where will your project take place: _____

Provide a detailed timeline for completion of the project: _____

Do you need outside advice or assistance to help complete this project: yes no

If so, what kind and from who: _____

Will you need special permission or insurance coverage for this project: yes no

If so, please explain: _____

HELPING THE COMMUNITY

Will the project directly impact Wells County or residents of Wells County: yes no

If so, how _____

What community need are you addressing with your project: _____

Why did you choose this project: _____

Why is this project important: _____

Who/What will be impacted by your project:

- young children low-income families people who are disabled a neighborhood or community
- other youth people who are sick the elderly the environment

other: _____

Approximately how many people will be impacted: _____



How will your group connect with the group/individuals being impacted by the project in order to share information or resources throughout the project: _____

What long- and/or short-term goals do you hope to achieve with your project: _____

YOUTH LEADERSHIP

Who wrote this proposal: _____

How have youth been involved in planning the project: _____

How are youth responsible for the work involved in this project: _____

What leadership roles are needed in implementing the project:

On-site youth leader: _____

On-site adult leader: _____

Other youth leadership roles: _____

Why is youth leadership important for this project: _____

How will you ensure that youth stay involved and truly lead this project in partnership with adults: _____

LEARNING THROUGH SERVICE

What have you learned from your community through the planning process: _____

What specific skills will be needed to complete this project: _____

How will you learn the skills needed: _____



How will you track your progress: _____

How will you know your project was a success: _____

How will you measure the success of your project: _____

What **outputs** (quantitative; and include statistics such as the number of youth attending the program, items circulated, number of programs held, etc) and **outcomes** (whether or not your efforts made a difference; and include changes in attitude or behavior, documentation of knowledge acquired, etc) do you hope to measure upon completion of your project?

Outputs: _____

Outcomes: _____

How will you share what you learned with others: _____

APPLAUSE, APPLAUSE

How will your group celebrate a job well done: _____

Who will be involved: _____

How will you acknowledge and recognize outside community participation and other contributions to your project: _____

List the names of all youth who will be involved in this project: _____



PROJECT BUDGET

ITEM DESCRIPTION list item and provider	COST OF ITEM	DONATIONS list value and donor	YAR FUNDS
<i>Example: Apple Tree (Joe's Landscaping)</i>	\$ 100.00	\$ 50.00 (Joe's Landscaping)	\$ 50.00
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
8.	\$	\$	\$
9.	\$	\$	\$
10.	\$	\$	\$
A) Total Operational Costs (supplies, materials, service, etc)	\$	\$	\$
11.	\$	\$	\$
12.	\$	\$	\$
B) Total Transportation Costs (if necessary)	\$	\$	\$
13.	\$	\$	\$
14.	\$	\$	\$
15.	\$	\$	\$
C) Total Recognition Costs (no more than 15% of grant)	\$	\$	\$
	TOTAL PROJECT COST	TOTAL DONATIONS	TOTAL YAR REQUEST
TOTAL A+B+C FOR EACH COLUMN	\$	\$	\$

MONEY, MONEY, MONEY

How much will your total project cost \$

How much money are you requesting from the YAR program \$

Who will oversee the funds, collect receipts and submit completion paperwork: _____

If your project is approved for funding, the check should be made payable to: _____

**Please mail or drop off your completed Project Funding Request to the address listed on the cover.
Remember to keep a copy for your records!**