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
1515 N. Sutton Circle Drive
Bluffton, IN 46714
(260) 824-8574
Wells YAR@yahoo.com
**Youth As Resources**

**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!

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 any donations of time or material to extend the outreach of the grant

- 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!

**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.

**What are the criteria?**

**How to apply?**

**Why should I apply?**
# Project Funding Request

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

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of YOUTH participating</td>
<td>Age range of YOUTH participants</td>
</tr>
<tr>
<td>Number of ADULTS participating</td>
<td>Age range of ADULT participants</td>
</tr>
<tr>
<td>Has this group applied for YAR funding in the past?</td>
<td>If so, when?</td>
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</tbody>
</table>

**Youth Contact**

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Address</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Phone Number</td>
<td>Age</td>
<td>Grade</td>
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**Email Address**

**Adult Contact**

<table>
<thead>
<tr>
<th>Title</th>
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<td>Address</td>
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<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<td>Phone Number</td>
<td>Cell Number</td>
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</table>

**Email Address**

**Sponsoring Organization**

Give a brief history and/or description of your group

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**Fiscal Agent Representative**

<table>
<thead>
<tr>
<th>Address</th>
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<tr>
<td>City</td>
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<tr>
<td>Work Phone</td>
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</table>

**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
Youth As Resources          Project Funding Request

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:__________________________________________
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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:___________________________
Youth As Resources Project Funding Request

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:__________________________________________________________

__________________________________________________________________________________________

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# PROJECT BUDGET

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
<th>COST OF ITEM</th>
<th>DONATIONS</th>
<th>YAR FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Apple Tree (Joe’s Landscaping)</td>
<td>$100.00</td>
<td>$50.00 (Joe’s Landscaping)</td>
<td>$50.00</td>
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<td>10.</td>
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<tr>
<td>A) Total Operational Costs (supplies, materials, service, etc)</td>
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<td>11.</td>
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<td>12.</td>
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<td>B) Total Transportation Costs (if necessary)</td>
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<td>13.</td>
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<td>15.</td>
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<td>C) Total Recognition Costs (no more than 15% of grant)</td>
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</tbody>
</table>

**TOTAL A+B+C FOR EACH COLUMN**

<table>
<thead>
<tr>
<th>TOTAL PROJECT COST</th>
<th>TOTAL DONATIONS</th>
<th>TOTAL YAR REQUEST</th>
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<tr>
<td>$</td>
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## 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!*