

# **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

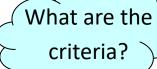
### Project Funding Request

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.

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!





## Youth As Resources

range of YOUTH participants range of ADULT participants
range of ADULT participants
If so, when?
Zip Code
Grade
Zip Code
Zip Code
_
gram guidelines. The undersigned certify that:
the project will be planned and carried out by youth
isrepresentations, and represents a reasonable estimate

- 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:				
who came up with the laca and how ald it develop.				
Where will your project take place:				
where will your project take place.				
Provide a detailed timeline for completion of the project:				
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:				
wity 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:
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 <b>outputs</b> (quantitative; and include statistics such as the number of youth attending the program, items circulated, number of programs held, etc) and <b>outcomes</b> (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
Example: Apple Tree (Joe's Landscaping)	\$ 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

Monte, Monte, Monte		
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:		