

HURON COUNTY COMMUNITY FOUNDATION



YOUTH ADVISORY COMMITTEE (YAC) GRANT APPLICATION

Please type or print using black ink to complete. Additional sheets may be added.

Date of Application: _____

Name of Organization (if a student organization, please include name of school)

Organization address _____

City _____ State _____ Zip _____

Organization Phone Number _____

Name and Title of Project Leader _____

Address of Project Leader _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

PROJECT TITLE _____

AMOUNT REQUESTED \$ _____

TOTAL PROJECT COST \$ _____

ORGANIZATION INFORMATION (Briefly describe the history of the applicant organization: when it was founded, where it is located, whom it serves, and the number of members/people served)

PROJECT DESCRIPTION (Describe the project, the way in which it will be carried out, how often it will be conducted, **how many youth will be served**, the location where the program is to be provided, and the goal for the project.)

EVALUATION (Please describe how you will determine whether you accomplished your purpose. Please note that if a grant is awarded, it will be necessary to submit a final report to the YAC upon completion of the grant period.)

PROJECT BUDGET (Please present a detailed estimate of the entire project costs. Include documentation for all projected expenses to be covered by grant funding, if available (pricing quotes, etc.). If project costs exceed your grant request, indicate the source(s) of other funds)

FUTURE PLANS FOR THE PROJECT (Will this program continue in the future? If so, how will it be funded?)

PREVIOUS FUNDING (Have you received funding from the YAC before? If yes, how much and for what projects?)

I am available to give a 3-5 minute presentation to the YAC about my grant April 27 between 8:30-9:30am? (ability to present, if invited, increases likelihood of receiving grant dollars due to the ability to discuss the proposal and for the YAC to ask questions)

☐ YES ☐ NO

CERTIFICATION

To the best of my knowledge and belief, statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of grant.

I understand that the Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

Please provide signatures and contact information below as applicable to your organization:

Signature of Applicant

Date

Application Deadlines:

Applications must be received by **April 19th at 5pm!**
Invitations for presentations timeslots will be emailed on **April 20th**
Presentations will be held **April 27, 8:30-9:30am**

Submit Completed Applications To:

HCCF
PO Box 56
Bad Axe, MI 48413

Or

Email your completed application to hccf@huroncounty.com
Call with any questions 989-269-2850