



YOUTH PHILANTHROPY COUNCIL GRANT APPLICATION 2018-2019
QUESTIONS/CHECKLIST

Deadline: Thursday, January 5, 2018 at 11:59 PM EST (Midnight)

1. Organization and Contact Information:

*Required

- Name of Organization: *
- EIN Number: *
If your organization is not tax-exempt, and you are operating under the fiscal sponsorship of a tax-exempt organization, please enter that organization's EIN number and type their name.
- Organization Mailing Address: *
- City: *
- State: *
- Zip Code: *
- Organization Street Address (if different from mailing address):
- Contact Person: *
- Contact Title: *
- Contact Email: *
- Contact Phone Number: *
- Organization Website:
- What is your organization's mission? *
- When was your organization founded? *
- Geographic service area: (Check all that apply). *
 - Augusta County
 - City of Staunton
 - City of Waynesboro
- Who is eligible for your services? * (150 words)
- How many people did you serve last year? (Please provide as detailed a breakdown as possible by age range). * (200 words)

2. Proposal Information:

Grant Details:

Your proposal should address either or both of the following funding priorities:

1. Health: Increased access to and quality of mental and physical health services and programs for youth.
 2. Youth Relationship: Increased access to and quality of programs that address issues related to the relationships between youth and their peers, mentors, and other adults.
- The proposal is intended to support: *
 - A Specific Program/Project
 - General Operations



- Project or Program Name:
- Describe your funding request and explain how it fits with the YPC's funding priority/ies. Please make sure to include a response to these two questions:
Why is this important for youth?
How are you proposing to deliver the programs or services to youth? * (500 words)
- Tell us a story that best describes the impact that your program/organization has on youth, as that impact relates to the YPC's funding priority/ies. If your program has not started, describe your intended impact for this program.* (300)
- What parts of your grant would you prioritize if we were unable to give you full funding?*(200 words)
- Do you provide transportation for those who use your services? If transportation is not provided, what solutions would you propose?*(200)

Proposal Financial Information:

- Amount requested from the Youth Philanthropy Council:*(Up to \$5,000).
- Specific Program/Project Worksheet*

Organization Financial Information:

- Operating Budget Worksheet*

If you have any questions or issues with the form, please contact Cristina Casado at (540) 213-2150 or at ccasado@cfcb.org

3. Submit Application

Optional

For the purpose of improving the application process and the learning experience of the Youth Philanthropy Council, we would greatly appreciate your feedback on the following questions:

- Were the Specific Program/Project and the Operating Budget Worksheets provided user-friendly?
- What do you think are the most important issues affecting youth in our community?

By typing my full name in the space below, I agree that all information provided is true and correct to the best of my knowledge. I also certify that this application has the approval of my agency director and board chair. *