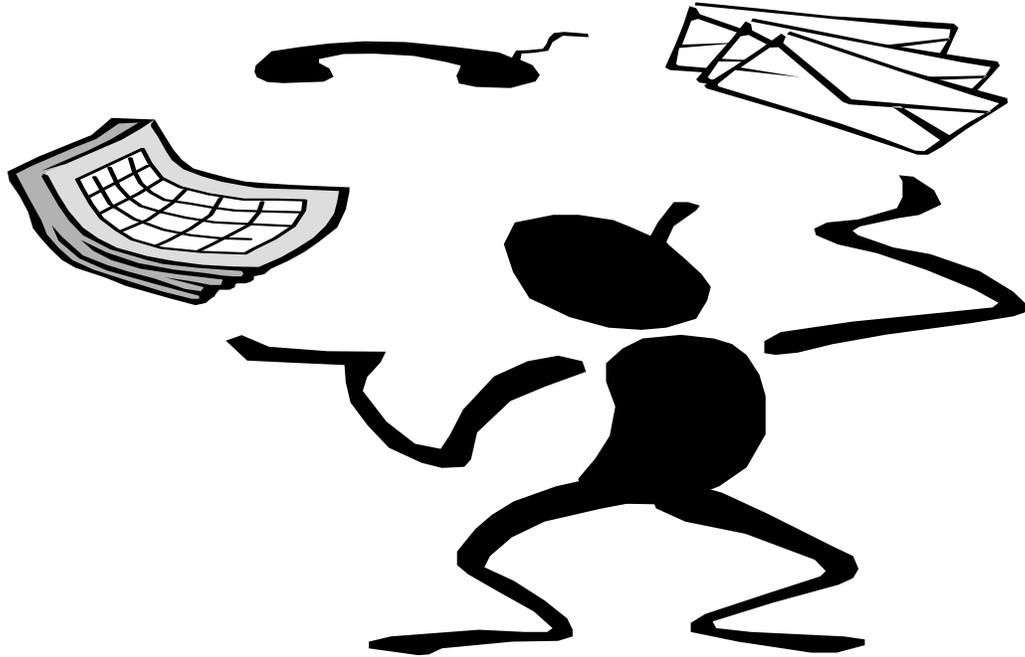


YOUTH AS RESOURCES

2007-2008 School Year Grant Application

Due: Friday, November 16, 2007



Youth as Resources Grant Process is funded through a grant from the
ROCHESTER AREA COMMUNITY FOUNDATION

and is Sponsored by the
ROCHESTER MONROE COUNTY YOUTH BUREAU

The Rochester-Monroe County Youth As Resources Board is comprised of youth and adult members from the
greater Rochester area.

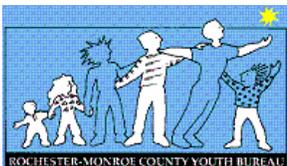
APPLICATION DUE: November 16th, 2007 by
5:00pm

Please Mail or Drop Off Applications to:

Garth Freeman, Y.A.R. Coordinator

Youth As Resources

111 Westfall Rd., Suite 814, Rochester, NY 14620



Rochester Area
Community
Foundation

HEART
Coalition for a Drug Free Rochester



Maggie Brooks
County Executive

YOUTH AS RESOURCES



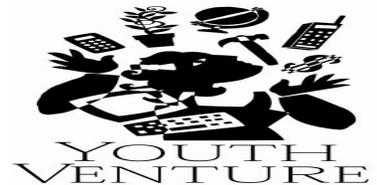
Youth As Resources seeks to empower and engage youth as partners with adults in creating positive community change and development. Youth and adult members govern the YAR board and provide mini grants to local youth in order to develop and carry out service projects that address a clear community need.

THE DETAILS:

- YAR will grant up to \$1000.00 for one time (not sustainable) community service projects

THE YOUTH AS RESOURCES / YOUTH VENTURE PARTNERSHIP

Youth As Resource has been able to establish a partnership with Youth Venture, Inc. Youth Venture is a national movement of young people who are proving that their dreams, creativity, and abilities make a positive difference to communities across the nation. Check out their website: <http://www.genv.net/> for more information. With this partnership, YAR has the opportunity to increase the pool of grant money that is currently being distributed to the community.



THE DETAILS:

- Youth Venture, Inc. will assist YAR in a grant-matching program for **SUSTAINABLE PROJECTS**, meaning once the grant cycle is complete your project can continue having a long-lasting impact on the community.
- The maximum amount asked for can TOTAL \$1,000 (\$500 from YAR - \$500 from Youth Venture)
- *For example*, if a group applies for a grant for a sustainable community service project for \$500.00, YAR will grant \$250.00 and Youth Venture, Inc. will grant the group \$250.00, totaling the \$500.00.

To apply for a YAR/YV grant you will complete section 7 and Budget B in addition to the rest of the application.

YOUTH AS RESOURCES / H.E.A.R.T. COALITION PARTNERSHIP

This year we are partnering with Rochester's H.E.A.R.T. Coalition to offer grants for projects that specifically focus on **DRUG PREVENTION** and/or have a **DRUG AND ALCOHOL AWARENESS** message or purpose. The H.E.A.R.T. Coalition is funded by SAMHSA (Substance Abuse & Mental Health Services Administration) and is made up of local organizations that support and promote five core principles:

HEALTHY • EXCELENCE • ACHIEVEMENT • RESPONSIBILITY • TRUST

Like the Youth Venture partnership, this new relationship allows for YAR to offer more money in grants to local community organizations, and will specifically address an issue that is deserving of additional resources.



THE DETAILS:

- We will be offering 6 YAR / H.E.A.R.T. Coalition grants at \$500.00 a piece
- Your project must address Drug Prevention or have an Anti-Drug message or purpose
- *For Example*: You may ask for up to \$1,000, \$500 will come from the HEART Coalition, \$500 will come from traditional YAR funds

To apply for a H.E.A.R.T. Coalition / YAR Grant you will complete section 8 and Budget A in addition to the rest of the application.

GRANT SELECTION GUIDELINES

- Applications must be written by at least a **minimum** of 4 youth between the ages of 10-21 and must be planned and implemented by youth involved in an organized group supported by adults
- Community service projects must focus on improving the lives of people by addressing an identified community need. The project should enhance awareness and understanding of problems in the community and strengthen community connections and involvement
- Applications must identify a sponsoring organization. The organization has to be 501(c)(3) nonprofit organization. If a group is unable to find a sponsoring organization, we will assist you in finding a 501(c)(3) nonprofit organization
- Applications must **identify one youth as the contact person** responsible for the application and implementation of the project. Clearly identify sponsoring organization, name of youth leader, name of adult leader, organization/youth address and phone number
- Projects are to clearly indicate neighborhood support, which might include donations, contributed services, volunteer assistance, loaned equipment, etc. The youth involved are expected to obtain this support.
- Projects must be COST EFFECTIVE----applications will be carefully reviewed for money you have requested
- Funding priority will be given to projects that can continue (sustain themselves) beyond this grant period with documented ongoing funding planning.

YAR Grants <u>MAY</u> be Used to Fund the Following	YAR Grants May <u>NOT</u> Be used to Fund the Following
✓ Direct operation of the community service project (essential items, supplies, materials)	✓ Overhead Costs and Purchase of Capital Items (items that would be utilized over a long period of time i.e. furniture, buildings, computers, etc...)
✓ Transportation (bus tokens, mileage) etc.	✓ Existing projects / activities already being offered
✓ Training programs for youth (must be completely defined)	✓ Salaries and/or wages
✓ Recognition of the project participants. Costs <u>cannot</u> exceed 15% of the grant award.	✓ Direct donations to other organizations

Important Dates to Remember

All Funded Projects must take place between:	December 2007- May 1, 2008
Mini Steppin' Up To Solutions & Grant writing Workshop (highly recommended)	October 27, 2007 10:00am -1:00pm (snack provided) @ Monroe Community Hospital
Deadline for Receipt of Applications	November 16, 2007 5:00pm
Applicant Interviews (required)	December 1, 2007 10:00am – 2:00pm @ North Street Recreation Center
YAR Kickoff Celebration (required)	December 15, 2007 @ Lake Riley Lodge (Time TBA)

No incomplete or late applications will be accepted
REMEMBER: Grants will be awarded up to \$1000
Rochester Monroe County Youth As Resources Grant Application
Submission Deadline: **Friday November 16th**
Please print or type legibly in blue or black ink

Name of Group: _____

Title of Project: _____

Number of youth that will participate: _____ Age range of youth participants: _____

1st Youth Contact: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Email: _____

2nd Youth Contact: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Email: _____

Adult Contact: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Home phone: _____

Email: _____

Sponsoring Organization: _____

Sponsoring Organization Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Home phone: _____

Email: _____

The undersigned youth, adult contact person and representative of the sponsoring organization hereby attest to the fact that this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.

Youth Project Leader Signature: _____ Date: _____

Adult Project Leader Signature: _____ Date: _____

Sponsoring Organization Representative Signature: _____ Date: _____

For technical assistance and questions please contact the Youth As Resources Coordinator, Garth Freeman at the
Rochester-Monroe County Youth Bureau: (585) 753-6456.
Please Submit Original to YAR, Rochester-Monroe County Youth Bureau,
111 Westfall Road, Room 814, Rochester, NY 14620.

The Fine Print

All YAR grants, awards, and project participants must comply with all federal statues relating to non-discrimination. This includes, but is not limited to prohibition of participants on the basis of age, race, sex, color, national origin, sexual orientation, or disability. The undersigned certify that:

1. All information contained is accurate, contains no misstatements or misrepresentations, and represents a reasonable estimate of future operation based on data available at the time of application.
2. The sponsoring organization assumes responsibility for liability.
3. The organization will comply with the Civil Rights and Handicapped Regulations summarized above and with other YAR Program guidelines.

- **Your Project Idea:** On a separate page describe your project. (Maximum 2 pages)



- What is the title of your project?
- What is your project idea and how will you accomplish it?
- Where will your project take place?
- When will your project begin and end?
- Will you need additional advice or assistance to help complete this project? Yes No
If so, what kind?
- Are there special permission slips, insurance coverage, etc., needed for this project? Yes No
If so, please explain.

- **2. Helping the Community**

- How will your project help the community?
- How did your group determine that this is an important community need?
- Who/what is your project serving? Approximately how many people will receive service through this project?

Please check one or more boxes.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Young People | <input type="checkbox"/> Other youth | <input type="checkbox"/> The elderly | <input type="checkbox"/> Low-income families |
| <input type="checkbox"/> People who are sick | <input type="checkbox"/> People who are disabled | <input type="checkbox"/> The environment | <input type="checkbox"/> Other <i>Please specify:</i> |
| <input type="checkbox"/> A neighborhood or community <i>Please specify:</i> | | | |

- **3. Youth Leadership**

- Who wrote this proposal?
- How have youth been involved in planning this project?
- How have youth been involved in implementing this project?

- **4. Learning Through Service**

- What do you think you will learn about your community from your project?
- What reflection activities will you use during your project to be aware of progress?
- How will you share the things you learn with others (**e.g., writing, pictures, presentations**)
- Is your group interested in giving a presentation in the community? Yes No

- **5. Applause, Applause**

- How will you measure your success during your project and when it's done?
- How will the group celebrate a job well done?

- **6. Money, Money, Money: Project Budget**

- How much will your project cost?
- How much money are you requesting from the YAR program?
- Who will oversee use of these funds?

- **7. YAR/YV Questions (Please Skip if your project is not sustainable) - Priority will be given to these projects**

- How will your venture be an ongoing project?
- Explain how your Venture team will continue to raise funds or generate revenue throughout the

- following years after you have used your start up grant?
- C. How will you involve your peers or those younger than you as volunteers and/or as the next generation of leaders to sustain your venture?
 - D. How will you evaluate your work and make changes to ensure that you make progress toward your goals, as well as a significant and lasting community benefit?
 - E. Who will be your adult Ally¹? Why did you choose this person?
 - F. Please include a timeline of what your team will do over the next year. (This timeline should reflect that you are creating a strong foundation so that your venture remains ongoing.)

• **8. YAR / H.E.A.R.T. Coalition Questions (Please skip if your project does not specifically address drug prevention or have an alcohol or drug awareness message)**

- A. How will your project specifically address Drug Prevention, Drug and Alcohol Awareness, or otherwise address issues related to this topic?
- B. Who will your project benefit? Who will the project be aimed at or focus on? (youth, adults, the homeless, parents of addicted youths, children of addicted parents etc.)
- C. Explain how your project will positively impact the community through the implementation of your project.
- D. How you will measure the success of your project?

Budget Instructions:

- Complete Budget A for a traditional YAR Grant.
- Complete Budget A, **making sure to check the box under column 5** for a YAR / HEART Coalition Grant
- Complete Budget B if planning a sustainable project and you wish to apply for the YAR/YV grant
- **Important Note:** All grant funds awarded **MUST BE SPENT** by the due date of the Final Report.
- Unspent funds will need to be returned to YAR.

<u>PLEASE SPECIFY WHAT TYPE OF GRANT YOU ARE APPLYING FOR BY CHEKING ONE OF THE BOXES BELOW</u>		
Traditional YAR Grant (up to \$1000) Does not need to be a sustainable project	YAR / Youth Venture Grant (up to \$1000) Must be a sustainable project	YAR / H.E.A.R.T. Coalition Grant (up to \$1000) Must address Drug Prevention or Drug and Alcohol Awareness

¹ Youth Venture defines an adult Ally as someone who enjoys working directly with young people and who respectfully helps and champions Youth Venturers without taking over! Allies are committed to helping youth overcome obstacles they encounter as they try to launch their venture. They help teams think through their venture idea, providing advice and support throughout the venture, while leaving the youth in charge.

Budget A: Youth As Resources Standard Budget

**USE THIS BUDGET FORM FOR TRADITIONAL YAR GRANTS
AND
FOR YAR/H.E.A.R.T COALITION GRANTS**

Directions - Budget Form A:

- In column 1: Write down the items that you will be purchasing
- In column 2: Write down how much the item is going to cost that you would like YAR to fund
- In column 3: If you think you will be receiving donations or in-kind gifts write who you will receive them from
- In column 4: write the amount of in-kind donations you will be receiving
- In column 5: CHECK this box if you are applying for the \$500.00 from the HEART Coalition
- In the TOTALS Row: Write funds from YAR and \$500 from HEART Coalition (if applicable)
- In GRAND TOTAL Row: Write the sum of the above totals

1	2	3	4	5
Budget Item Description	Requested YAR funds	Group providing other funding or in-kind source	Other Funding or in-kind source amount/description	Check this box if you are applying for the \$500 from the HEART Coalition
	<u>Total YAR requests</u>		<u>Total In-Kind Funds</u>	<u>\$500.00 from Heart Coalition</u>

TOTALS:	\$	\$
GRAND TOTALS:	\$	

Budget B

**USE THIS BUDGET FORM FOR PROJECTS FUNDED BY
YOUTH VENTURE AND YAR (SUSTAINABLE PROJECTS)**

Directions - Budget Form B:

- **Table 1** will help you determine your start-up expenses.
 - In the activity/tasks column write down all of the items or tasks that you need to get your project off the ground (i.e.: If you're project was beautification, then you would need rakes, paint, flowers, etc.)
 - In the Month columns, put down an estimate total cost all of your items or tasks will cost for each respective month (i.e.: printing of promotional materials, soil, etc.)
 - Then you write the total for the monthly expenses and tally it up in the Total Annual column.
- In **Table 2** you are going to calculate your on-going expenses for the project.
 - Calculate how much each month is going to cost you for all the items/activities that you intend to do (i.e.: food for meetings, decorations for an event, other ongoing expenses)
 - Now add them together for each total month and tally it up in the Total Annual column.
- In **Table 3** tally up the totals from your "Total Annual" columns from Table 1 and Table 2
- **Table 4** will help you determine donations or revenue that you might receive throughout the year (and will help us determine your sustainability)
 - In the donations column write down what the donation is and/or who gave it
 - Then document the month and how much the donation was for in the number columns

START UP EXPENSES

[TO BE PAID FOR BY YOUTH VENTURE START-UP FUNDS (UP TO \$1000)]

TABLE 1	Costs per Month											Total Annual	
Activity / Tasks	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Total Monthly Expenses													

ONGOING EXPENSES

[ROUTINE COSTS OF RUNNING YOUR VENTURE AFTER START-UP]

TABLE 2	Cost per Month											Total Annual	
Activity / Task:	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	

Table 3

**GRAND TOTALS: ADD "TOTAL ANNUAL"
COLUMNS ABOVE:**

\$

REVENUE [SALES OF PRODUCTS OR SERVICES, DONATIONS, OR FUNDRAISING]

TABLE 4	Income per Month													Total
Donation/Sales		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
<i>Total Monthly Revenue</i>														