



Youth As Resources

A Program of the Rochester-Monroe County Youth Bureau

2010 Summer Grant Cycle Application



The Youth As Resources Grant Projects are funded through a grant from



with continuing financial support from



Maggie Brooks
County Executive



HEART
Coalition for a Drug Free Rochester

in partnership with:



APPLICATION DEADLINE: 5:00 PM - Friday, April 30th, 2010

Please drop off or mail to:

Youth As Resources / Rochester Monroe County Youth Bureau
435 E. Henrietta Rd., FA - 3 WEST
Rochester, NY 14620
or fax to:
585-753-6465

YOUTH AS RESOURCES



Youth As Resources, a program of the Rochester-Monroe County Youth Bureau, 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 grants of up to \$1000 to local youth in order to develop and carry out community service, and service learning projects that address a clear community need. The funds for the grants are made available through a grant from the Community Foundation.

THE DETAILS:

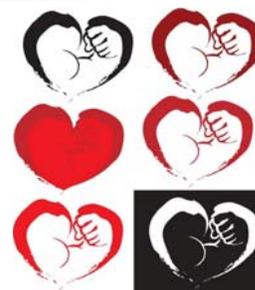
YAR will grant up to \$1000.00 for one time community service projects that are youth planned, led, and implemented

To apply for a traditional YAR grant fill out the application, answer questions 1 thru 6 (skip #7) and complete the Budget Form

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

The 2010 Summer Grant Cycle marks the 3rd year we are partnering with Rochester's H.E.A.R.T. Coalition for a Drug Free Rochester 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:

HEALTH • EXCELLENCE • ACHIEVEMENT • RESPONSIBILITY • TRUST



THE DETAILS:

- There are 5 YAR / H.E.A.R.T. Coalition grants available for \$1000 - \$500 from YAR / \$500 from H.E.A.R.T.
- Your project **must** address Drug Prevention / Awareness or have an Anti-Drug message or purpose

To apply for a H.E.A.R.T. Coalition / YAR grant fill out the application, answer questions 1 - 7 and complete the Budget Form

YAR and SERVICE LEARNING

Youth As Resources is partnering with Youth Voice One Vision and Nazareth College Center for Service Learning on a new component of our program that will introduce, teach, and promote the concepts of **service learning**. We are beginning to make *service learning* an integrated part of what we do, and what you do with your YAR projects.

Here's a **Definition of Service Learning** from the Learn and Serve America National Service Learning Clearinghouse website:

Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

THE DETAILS:

- YAR is asking applicants to consider incorporating the approaches and goals of *service learning* into your proposed projects
- When reviewing applications, the YAR board will be looking at and evaluating proposals based upon the utilization and implementation of concepts of *service learning*
- Please find enclosed with this application more information regarding service learning; what it is, what you need to do to make your project a *service learning* experience, and how your project might have a greater impact when your group puts those tools to use.
- We will address the approaches of *Service Learning* at the Grant Writing workshop on Sat. April 10th

GRANT REQUIREMENTS / GUIDELINES

- Applications must be written by 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.
- Applications must: **identify two youth as contacts** responsible for the application and implementation of the project, **clearly identify a sponsoring organization**, and **contain all required contact information**.
- All Applicants must either be a 501 (c) (3) / Non-Profit Organization **OR** must identify a 501 (c) (3) that will act as your **sponsoring organization**. If a group is unable to find a sponsoring organization, we will assist you in finding an organization that meets your needs (please call if you have questions about this requirement).
- Community Service and Service Learning 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**.
- Projects are to clearly indicate **neighborhood, or in kind support**, which might include donations, contributed services, volunteer assistance, loaned equipment, etc. The youth involved are expected to help obtain this support.
- Projects must be **COST EFFECTIVE**----application budgets will be carefully reviewed for money you have requested.

IMPORTANT DATES TO REMEMBER - Please Mark Your Calendars!!

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Funded Projects must take place between: (projects can begin before the Kick-Off) | Sat., June 5, 2010 and Mon., Sept. 6, 2010 |
| Youth As Resources Grant Writing Workshop (recommended) | Saturday, April 10, 2010 10:00am–12:00pm Location TBD |
| Application Deadline (required- MARK YOUR CALENDAR) NO LATE APPLICATIONS WILL BE ACCEPTED. | 5:00 PM - Friday, April 30, 2010 All applications are to be received in the YAR office- 435 E. Henrietta Rd. by 5 pm NO EXCEPTIONS |
| Applicant Interviews (required - MARK YOUR CALENDAR) If your application passes our initial screening process your group will be invited to interview - Interview time slots of ½ hour will be scheduled by phone the week of May 10, 2010 | Sat., May 15, 2010 – 10:00 to 1:00 Monroe Community Hosp. 435 East Henrietta Rd., Rochester., NY 14620 Office of the Rochester-Monroe County Youth Bureau – 3 rd Floor, Faith Building, West Wing |
| YAR Kickoff Celebration (required - MARK YOUR CALENDAR) | Sat., June 19, 2010 time and location TBD |

WHAT TYPES OF PROJECTS WILL YAR FUND?

| YAR Grants MAY be used to fund the following | YAR Grants MAY NOT 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 of participants |
| ✓ Recognition of the project participants. Costs <u>cannot</u> exceed 15% of the grant award. | ⊘ Direct donations to other organizations |
| ✓ You may use YAR funds for fundraising for a charity or cause, but only 30% of the total grant can go directly to that purpose | ⊘ If your application is through a faith based organization, project funding cannot go towards recruiting new church members or proselytizing in any way |

Questions? Comments? Concerns? Call 585-753-6456 or email gfreeman@monroecounty.gov



Youth As Resources Grant Application



Submission Deadline: 5:00 PM - Friday, April 30th, 2010

No incomplete, late, or incorrectly filled out applications will be accepted
Please print clearly

Name of Group: _____

Title of Project: _____

Number of youth that will participate in the planning: _____ Age range of youth: _____

1st Youth Contact: _____ Title: _____

Address: _____ Zip: _____

Phone: _____ Age: _____

Email: _____

2nd Youth Contact: _____ Title: _____

Address: _____ Zip: _____

Phone: _____ Age: _____

Email: _____

Please indicate which address you would like materials sent to regarding the grant and who the materials should be addressed to by checking the box next to the contact info below.

Adult Contact: _____ Title: _____

Address: _____ Zip: _____

Work phone: _____ Home phone: _____

Email: _____

Sponsoring Organization: _____

Sponsoring Organization Representative: _____

Address: _____ Zip: _____

Work 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 in partnership with adults.

Youth Project Leader Signature: _____ Date: _____

Adult Project Leader Signature: _____ Date: _____

Sponsoring Org. Rep. Signature: _____ Date: _____

Groups may apply to **ONE** of the choices below - **Please check** the appropriate box below

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Traditional YAR Grant (up to \$1000) For a one time, youth led community service project addressing an identified community need | YAR / H.E.A.R.T. Coalition Grant (Totaling up to \$1000 - \$500 from YAR, \$500 from HEART) Must address Drug Prevention or Drug and Alcohol Awareness | | | | |
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APPLICATION QUESTIONS:

On a **separate page**, typed or clearly written, describe your project by answering all of the following questions.

- **1. Your Project Idea:**
 - A. What is the title of your project? How did you decide upon this title?
 - B. Please give a summary of your project including the steps you will take to make it a reality.
 - C. What are the goals and outcomes you hope to achieve with this project?
 - D. Where will your project take place? When will your project begin and end?
 - E. What form of community support will you get for this project; through in-kind donations, use of space / facilities, community contributions, volunteers, etc? How will you go about getting that support?
 - F. Will you need additional advice, assistance, or special permission to help complete this project? If so, what kind?
- **2. Helping the Community:**
 - A. How will your project serve or share resources with the community? Be as specific as possible.
 - B. How did your group determine that this is an important community need, issue, concern, or topic?
 - C. Please indicate the community, neighborhood, or specific group(s) that your project will be serving
For Example: youth, the elderly, low-income families, people who are sick, people who are disabled, a specific neighborhood or community group, etc.
 - D. How have you / how will you connect and interact with the community identified above throughout your project?
 - E. Approximately how many people will be engaged or will benefit from this project?
- **3. Youth Leadership**
 - A. Who wrote this proposal?
 - B. How have youth been involved in planning this project?
 - C. How will youth be involved in implementing / carrying out this project?
 - D. How will you ensure that youth will stay involved and will steer and head this effort in partnership with adults?
- **4. Service Learning**
 - A. Is your group interested in incorporating the approaches and goals of service learning into your project? If yes, how will you work to make this project a service learning experience?
 - B. What do you hope to learn about your community from your project?
 - C. What do you hope to learn about yourselves from your project?
 - D. What reflection activities will you use during and after your project to monitor your progress?
 - E. How will you share the things you learn with others in the community?
 - F. Is your group interested in giving a presentation in the community?
- **5. Recognition and Applause**
 - A. How will you know if your project is a success?
 - B. How will you calculate your volunteer hours - **Please keep track of hours put into all aspects of the project, from each participant and/or volunteer, youth and adults**
 - C. How will the group celebrate a job well done?
- **6. Money, Money, Money: Project Budget**
 - A. How much will your entire project cost? (not just the amount you are asking from YAR)
 - B. How much money are you requesting from the YAR program?
 - C. Who will oversee the use of these funds?
- **7. YAR / H.E.A.R.T. Coalition Questions (Please do not answer if you are not applying for a HEART Coalition grant)**
 - A. How will your project specifically address Drug Prevention, Drug and Alcohol Awareness, or otherwise address issues related to this topic?
 - B. Explain how your project will positively impact the community related to Drug and Alcohol prevention.
 - C. How will you measure your success in addressing the issues of Drug and Alcohol awareness or prevention?

Budget:

THIS BUDGET FORM MUST BE COMPLETED FOR *BOTH TYPES OF GRANTS:*
Traditional YAR Grants, and YAR / H.E.A.R.T. Coalition Grants

Directions - Budget Form:

- In column 1: Write down the items / services that you will be purchasing
- In column 2: Write down how much the item is going to cost - be as specific as possible
- In column 3: Write down the amount for each item that will be paid out of a Traditional YAR Grant in this column
- In column 4: **If Applying for HEART Funds:** Write down the amount for each item that will be paid out of a HEART Coalition Grant (should be 50% - 50% w/ YAR funds and equal no more than \$500)
- In column 5: Write down the supplier **and** the value of any in-kind donations, which are any means of support other than money, usually goods or services provided to the group
- In **TOTALS** Row: Column 2= total of all expenses, Column 3 = total of all YAR Contributions, Column 5 = total of all HEART Coalition Contributions, Column 6 = total of all In-Kind Contributions
- GRAND TOTAL: Add up columns 3,4,5 – NOTE: this number reflects the overall **FUNDING** your project will need to be successful and will not necessarily be equal to the amount you are requesting from YAR

| 1 | 2 | 3 | 4 | 5 |
|----------------------------|-------------------------|------------------------|--------------------------|--------------------------------------------|
| Item / Service Description | Cost of Item or Service | YAR funds | HEART Coalition funds | In-Kind Donations (list supplier & amount) |
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| | total cost of all items | total YAR contribution | total HEART contribution | total in-kind contributions |
| TOTALS: | | | | |

Grand Total:

Applications are due: BY 5:00 PM - FRIDAY, APRIL 30, 2010

**NO LATE OR INCOMPLETE APPLICATIONS WILL
BE ACCEPTED**

Please mail or drop off your completed application to:

**Youth As Resources / Rochester - Monroe County Youth Bureau
at the
Monroe Community Hospital
435 East Henrietta Rd.
3rd Floor – Faith Wing
Rochester, NY 14620**

OR

***Fax to: 585-753-6465**

***You may fax your application, but please mail a hard copy with all original signatures to be kept on file by YAR**

**If you have any questions or concerns please contact the YAR Project
Coordinator, Garth Freeman at:
585-753-6456**

or

gfreeman@monroecounty.gov

THANKS & GOOD LUCK!!



Youth As Resources

a program of the Rochester-Monroe County Youth Bureau



The Fine Print

All YAR grants, awards, and project participants must comply with all federal statutes 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. Those signing the above documents certify that: 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. The sponsoring organization assumes responsibility for liability.