



Youth Advisory Council (SAYAC) Grant Application

Application deadlines: March 15 and December 15

Date of Application: _____

Legal name of organization applying: _____
(Name as it appears on 501(c)(3) determination letter)

EIN/Federal ID Number (*required*): _____

Current operating budget: _____ Year founded: _____

Executive Director: _____ Phone: _____
(*Superintendent or Principal if for a school*)

Project contact person and title: _____

Address for primary correspondence: _____

City/State/Zip: _____ Phone: _____

E-mail: _____ Fax: _____

PROJECT NAME: _____

PURPOSE OF GRANT (one sentence):

PROJECT DATE: _____ AMOUNT REQUESTED: _____
(\$1,000 maximum)

TOTAL PROJECT COST: _____

Signature, Project Contact Person

Printed Name and Title

Date

Signature, Executive Director (*Superintendent or Principal if for a school*)

Printed Name and Title

Date

If applicable, list any specific needs from the Needs Assessment Survey which your project addresses (see About Allocation Decisions).

1. _____

2. _____

3. _____

4. If applicable, how does the project involve volunteers? List the number of personnel and volunteers involved in planning and carrying out the program. List the number of paid staff and their responsibilities for the program. List any other organizations that will assist in the project.
5. Will the grant act as “seed money”? What is your plan for permanent funding after the grant is used?
6. How will you evaluate the success of your project?

GRANT BUDGET

Time period of this budget – From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expenses	Total Requested from SAYAC in this Application (\$1,000 Maximum)	Total Expenses for this Project	
Salaries			
Payroll Taxes			
Fringe benefits			
Consultant & Prof. Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing & Copying			
Telephone & Fax			
Postage & Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			
Totals	\$	\$	Total Expenses \$

Indicate the REVENUES that apply to your project.

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed.)	
Grants/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
Earned Income			
Events/Publications & Products			
Membership Income			
In-kind Support			
Other (specify)			
Totals	\$	\$	Total Revenue Committed + Pending \$

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL REVENUE.

BUDGET NARRATIVE

Please include any additional information regarding your budget and expenses you feel may need further explanation, or will help the Youth Advisory Council in determining grant awards.

Be sure to include all of the following in your completed grant application packet:

- ☐ **Grant application with appropriate signatures**
(If submitting online, please print and mail first page of application or scan your application with signatures.)
- ☐ **Project Overview**
- ☐ **Budget**
- ☐ **Budget Narrative**

Application Submission OPTIONS:

- Fill out application online, print it, and mail it to the Community Foundation office
- Print the application form, either type or handwrite the information, and mail it to the Community Foundation office
- Save the form to your computer to fill out at a later time when you can either print and mail it, or email it as an attachment to chitch@cfnem.org

***Note:** If submitting online, you will need to have both the Executive Director and the Project Coordinator sign the first page of this application. Please print it, have it signed, and mail it to: SACF, P.O. Box 495, Alpena, MI 49707 or e-mail a scanned version, complete with signatures to chitch@cfnem.org.

*If submitting online, you will receive an email notification that we have received your application.