

LENAWEE YOUTH COUNCIL GRANT APPLICATION

Organization Name: _____ Amount Requested: _____

Address: _____ Employee Identification No.: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Project/Program Name: _____

Youth Coordinator (age 12-21): _____ Phone & Email: _____

Adult Coordinator: _____ Phone & Email: _____

Geographic Area Served by this Project: _____ Total Project Cost: _____

Expense List: _____

Other Sources of Funding: _____

Number of Project Volunteers: _____ Number of: Youth Beneficiaries _____ Adult Beneficiaries _____

1. Provide a brief description of the project. Please include how youth are involved in the planning and implementation of the project.

2. Why is this project important to your community? Who will benefit? How will the project build youth assets? (See Developmental Assets: A Profile of Our Youth.)

3. Target date(s) for your project: _____
If applicable, how will your project be continued or sustained?

4. How will you engage the community & get volunteer support?

5. Anything else that you would like to share:

Attach one additional page if necessary. Please do not submit handwritten applications. Applications received after 12:00 p.m. on March 24, will not receive consideration.

Mail: Lenawee Community Foundation
P.O. Box 142
Tecumseh, MI 49286

Deliver: Lenawee Community Foundation
606 N. Evans Street
Tecumseh, MI 49286

Fax: (517) 301-4506

E-mail: paula@lenaweecf.com

<u>Leveraged Contributions</u>	
List any funding or in-kind gifts or services that have been received or will be requested.	
<u>Gift</u>	<u>Requested of</u>
_____	_____
_____	_____
_____	_____
_____	_____
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*Place an asterisk by any gifts which have already been committed.