

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 April 2, will not receive consideration.

Mail: Lenawee Community Foundation
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Deliver: Lenawee Community Foundation
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Leveraged Contributions
List any funding or in-kind gifts or services that have been received or will be requested.
Gift Requested of
\*Place an asterisk by any gifts which have already been committed.