COMMUNITY FOUNDATION
Capital Region Community Foundation
www.ourcommunity.org

# SAMPLE - 2026 YOUTH GRANT APPLICATION

***This is a sample application, please do not submit this form.***
***Please review our guidelines and access the online application here:***
https://ourcommunity.org/nonprofit-support/grants-at-the-community-foundation

Youth Grants are up to $5,000 and must primarily serve youth ages 12-18 in Clinton/Ingham/Eaton counties. The Youth Advisory Council (YAC) will review applications in April, and applicants will be notified in early May. Please note: applicants may be asked to participate in a brief virtual interview with the YAC sometime in April.

***Tips for a successful youth grant application***

- Remember that our Youth Advisory Council (YAC) is a group of high school students. To stand out, you will need to be clear and compelling in your request! A video is a great way to explain your project or program.
- Be specific in explaining how the funds would benefit your organization or those you serve. Avoid phrases like "Empowering youth", or "Feeding hungry kids" which are too general. YAC members need to clearly understand exactly what they are supporting with their funds, and where the youth grant fits into the bigger picture.

**Here's what we will ask you when you complete a youth grant application:**

## APPLICANT INFORMATION:

- Organization name, mailing address, website address, mission statement and annual operating budget
- Director/CEO of the Organization: name and title
- Federal Tax ID Number and the year the organization was established
- Non 501c3 organizations will need a fiscal agent (fiduciary) to administer the grant on your behalf. Will you need a fiscal agent to apply? Yes/No If yes: Fiscal Organization Name, Contact phone and email
- Michigan License to Solicit # if applicable **Learn More**
- Please provide your most recent organization financial statement. (Template provided)
- Grant Contact Person: Name, Title, Email and Phone.

**Demographic data:** ***For this section, we are defining Person of Color as anyone who does not identify as white. Please answer to the best of your ability at this point in time.***

- Number of paid employees (*full & part time*) _____ White_____ People of Color ___
- Which of the following best represents your CEO or Executive Director: White_____ Person of Color ___
- Number of board members: _____ White_____ People of Color ___
- Number of Board Members who make a financial gift to your organization annually _____
- Number of individuals typically served by your organization in one year in each of the following areas:
    - Clinton County ___ Eaton County ___ Ingham County ___ All other counties ___
- Does your organization collect racial demographic data on the people that directly benefit from your services?
- Please provide or estimate the number of ONLY tri-county individuals served in the past year: White___ POC___

## PROJECT INFORMATION

- Project/Program Title: (6 words or less) and the amount you are requesting (up to $5,000 max)
- Briefly explain the teen/youth issue, problem or need you are trying to address? *(800 character max)*
- Briefly explain how your project or program will meet this need? *(800 character max)*
- What is your timetable for this project or program? *(400 character max)*
- Tell us how you have sought or will seek input from the teens who will be served by this grant. *(400 characters)*
- What are your long-term strategies for sustaining this project after the grant period? *(400 character max)*
- How do you plan to evaluate this project? How will you define and measure success? *(400 character max)*

## Required Financial Documents

- Your current Operating Budget document (projected income and expenses for your current or next fiscal year).
- Statements of revenue and expenses for the past two fiscal years. (Profit & Loss or Statement of Financial Activity, etc. - must include all sources of revenue and expenses). Feel free to look at this **Financial Statement Example**.

**Project Budget Worksheet:** You will be asked to download this **Youth Grant Budget Worksheet**, complete it and upload it to your application. Please list the major categories of expenses for this program or project, and how much would be funded by this grant and how much by other sources. (*Staff Wages, Equipment, Technology, Program Supplies, etc.)* The teens in the Youth Advisory Council like to see exactly where their funds would be going. Example:

| **Expense items** | **Total Cost** | **This Grant** | **Funded by other sources** |
|---|---|---|---|
| _____ | $_____ | $_____ | $_____ |
| _____ | $_____ | $_____ | $_____ |
| _____ | $_____ | $_____ | $_____ |

**Approximately how many youth (age 12-18) in our region will be served by this grant?**

INGHAM County _____ EATON County _____ CLINTON County_____ ALL OTHER COUNTIES____

## REQUIRED ATTACHMENTS

- **Financial Documents:** Past two fiscal years **Statement of Revenue and Expenses**
- **Current Operating Budget**
- **Support Materials:** Up to three additional uploads for letters of support, photos or blueprints, brochure etc. Make sure the support materials relate to this specific project.
- **Project Video: (Optional, but very beneficial to you!)** Please make and upload a short video no longer than 2 minutes, that explains or demonstrates the project or program you are seeking funding for. This can be in any format, cell phone is fine**.**

  **VIDEO TIP:** The Youth Advisory Council really prefers to see and hear directly from you or your team or the teens you serve, rather than watch a professionally-made video about your organization. A video helps them to understand your project even better in addition to reading your narrative answers. If you can include the youth you serve in the video, that's even better! If you want examples, please contact us!

**If you would like to discuss a grant idea, or if you have any questions, please contact us!**
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