

Ripley County Community Foundation

Connecting People Who Care with Causes that Matter



Ripley Youth Outreach

Empowering Youth/Change Ripley County Grant Application

The mission Ripley Youth Outreach is “to create a powerful youth voice in our community in order to improve the lives of those in Ripley County through a philanthropic approach.” RYO developed this grant program to give local youth a platform in which to be heard, the confidence to take action to change their communities, and the resources to enact that change.

GENERAL INSTRUCTIONS

- Application must be received by 4 pm on Wednesday, May 1, 2019.
- The application has three parts. Be sure to complete each part.
- Type all proposals (minimum 10 point) on 8 ½ x 11 paper.
- Provide all of the information in the order listed.
- All questions relative to the request must be completed fully.
- Submit one (1) digital copy, one (1) original and 10 (ten) copies (three-holed punched and with numbered pages); do not bind or staple.
 - Submit the original and ten copies to the Ripley County Community Foundation, 13 E George St, Suite B, Batesville, IN 47006.
 - Submit the digital copy to office@rccfonline.org with “Empowering Youth Grant Application” in the subject line.
- Do **not** include materials other than those specifically requested at this time.

For specific questions about the Grant Application, please call the Ripley County Community Foundation at (812) 933-1098 or toll free at ((877) 234-5220.

PART 1: Identifying Information

Youth Initiating Project

Name of Youth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____

Supporting Organization Profile

Organization's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Purpose of Organization (or mission statement):

Executive Director and/or President Name(s): _____

Phone number: _____ Email: _____

Contact Person (must be Ripley County Resident): _____

Phone number: _____ Email: _____

Board Chairperson (Name & Title): _____

Phone number: _____ Email: _____

Dates of Organization's fiscal year: _____

Organization's total operating budget for:

past year _____ and current year _____

Please list the organization's staff composition in numbers:

Paid full time _____ Paid part time _____ Volunteers _____ Interns _____ Other _____

Federal ID #: _____ Date of Incorporation: _____

This organization is a 501(c)3, governmental or educational entity: _____ Yes _____ No

RCCF can only issue checks to organizations that have a 501(c)(3) or are governmental or educational entities. If you answered "NO" for the line above, what organization will handle your grant funds by serving as your fiscal sponsor?

Fiscal Sponsor Profile

Organization's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Purpose of Organization (or mission statement):

Executive Director and/or President Name(s): _____

Phone number: _____ Email: _____

Board Chairperson (Name & Title): _____

Phone number: _____ Email: _____

Federal ID #: _____ Date of Incorporation: _____

PART 2: Grant Profile:

Total Amount Requested: \$ _____

Name of Project: _____

Total amount of Project: \$ _____

Duration of Project: from _____ to _____

Projects must be completed within six months from the date the grant is approved. Extensions of time within which to complete the project may be granted at the sole discretion of the Ripley County Community Foundation and shall not exceed one year from the date the grant was approved.

When are funds needed? _____

Primary Focus of Proposed Grant:

_____ Community Service

_____ Social Service

_____ Education

_____ Health

_____ Environment

_____ The Arts

In what area(s) within Ripley County will the funds be used?

Execution by Youth Chair

Signature Date

Print Name

Authorization

Has the organization's chief executive officer authorized this request? Yes___ No___

An officer of the organization's governing body (such as a board member) must sign this application:

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct, that the Federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

Signature

Print Name

Title

Date

Remember to enclose all required support materials with the application (see Part Three on page 6).

PART 3: Required Attachments

Submit the following attachments (in the order listed) on 8 ½ x 11 paper with the completed application. Submit 11 (eleven) copies (ten three-holed punched copies of your grant request plus the original):

Verification that this is a youth lead project

- Names and ages of all youth involved in this project/program.

Project/Program Description

- Abstract: Briefly describe the proposed project/program, how it relates to the supporting organization's mission, capacity to carry out the project and who will benefit from the project in Ripley County.
- Explain the significance of the project/program and why the supporting organization is qualified to carry it out.
- A letter from the President of the Board of the Supporting Organization stating the Board has approved the grant request;
- A copy of the supporting organization's most recent IRS 501(c)3 determination letter.
- If you have a Fiscal Sponsor, a letter from the President of the Board, on letterhead, verifying that they are aware that you have submitted this application and support said program, verifying its' Federal ID# and that said organization is a 501(c)(3) or a government entity with like-kind status, and acknowledging that they will timely file any and all grant reports as requested by the Ripley County Community Foundation.
- Explain how this project/program fits with the Ripley County Community Foundation's selected Area of Interests (See Ripley County Community Foundation Grant Guidelines <https://rccfonline.org/wp-content/uploads/2016/02/Guidelines-and-Criteria-3-26-15.pdf>.)
- Describe the expected outcomes and the indicators of those outcomes.
- Document the size and characteristics of the population to be served in Ripley County by the project/program.
- Outline the strategy/methodology and timeline to be used in the development and implementation of the project/program.
- How does this project/program enhance the existing services in the community where the project/program will take place?

Evaluation

- Explain how the organization will evaluate and measure the effectiveness of the project/program.
- How will the results be used?
- Describe the results expected to be achieved by the end of the funding period.

Funding Considerations

- Include a detailed project budget with written estimates (preferably two estimates) from providers.
- Why did you choose to apply to RCCF for funding of your project?
- Describe plans for obtaining other funding needed to carry out the project/program or organizational goals, including amounts requested of other funders.
- If the project/program is expected to continue beyond the grant period, describe plans for ensuring continued funding after the grant period.

Miscellaneous

- Is there anything else you would like RCCF to know about your organization or this project?
- How will you publicize your project giving credit for RCCF support?
- One copy of the supporting organization's most recent annual operating budget, income, and expense statement and balance sheet (to be included with original application);
- One copy of your supporting organization's or if applicable, fiscal agent's, most current 990 (to be included with original application);
- Letters of support from specialists or community leaders demonstrating the need for the project.