

# Youth Advisory Committee Grant 2022

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*Fairfield County Foundation (OH)*

## *Instructions*

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**Collaborate**-If you wish to give someone else access to view/edit/submit your application you can now do so using the above "Collaborate" button. Click here to view the written tutorial and here for the video tutorial **prior** to using this feature. **DO NOT** enter your own email address used as your log on in the collaborate function as it may lock you out.

Please note all text response areas have CHARACTER counts, not word, and we cannot change that restriction.

You must submit the application prior to 11:45 pm on the deadline listed. The application will be locked after that time and will not allow you to edit or submit.

You may click "Save Application" below to save your work and return to submit at a later date. You must click "Submit Application" by the deadline in order to be considered. The application cannot be edited once you click submit.

If you have any questions during the application process please contact Program Officer, Abby King, at [aking@fairfieldcountyfoundation.org](mailto:aking@fairfieldcountyfoundation.org) or 740-654-8451.

## *Organization Overview*

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### **I.R.S Letter of Determination\***

Every application must include a 501(c)(3) letter of determination. Please upload as a PDF.

*File Size Limit: 3 MB*

### **History\***

Brief history of your organization, including past and present programs and activities for youth.

*Character Limit: 4000*

### **Board Roster\***

Please submit a *current* list of the organization's Board of Trustees. You can type them in the text box, provide a link to the *current* list on your organization's website or upload a document of the list.

*Character Limit: 1000 | File Size Limit: 3 MB*

## *Project/Program Information*

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### **Project/Program Title\***

*Character Limit: 100*

### **Description\***

Provide a detailed description of the project. Be sure to include how it will be implemented.

*Character Limit: 4500*

### **Timetable\***

What is the time frame for implementing and completing the project/program?

*Character Limit: 4000*

### **Objective\***

What impact are you hoping to achieve with this project/program and how do you plan to evaluate it?

*Character Limit: 3500*

### **Number Served\***

What is the estimated number of youth that could be served by this project/program?

*Character Limit: 250*

### **Partial Grants\***

How would partial grant funding effect your project/program?

*Character Limit: 1500*

## *Grant Project Budget*

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**The Youth Advisory Committee only accepts grant request up to \$2,000.** Please answer the questions below as it relates to the revenue and expenses for the project request only.

### **Total Program/Project Cost\***

Please list the total dollar amount for the entire project/program.

*Character Limit: 20*

### **Grant Request Amount\***

How much money are you requesting from the Fairfield County Foundation?

Reminder: The Youth Advisory Committee grant requests can only but up to **\$2,000**

*Character Limit: 20*

### Other Requested/Pending Funds from Grants\*

Please list the total dollar amount of requested/pending funds from other grants/contributions requested. If you have not requested any other grants/contributions for this project put 0.

*Character Limit: 20*

### Other Requested/Pending Funds from Grants\*

Please list sources you have requested funds from that are currently pending. Please put NA if you do not have any other outstanding requests.

*Character Limit: 1000*

### Other Committed Funds from Grants\*

Please list the total dollar amount of **committed** funds from other grants/contributions requested. If you have not requested any other grants for this project put 0.

*Character Limit: 20*

### Other Committed Funds from Grants/Contributions\*

Please list other sources you have received committed funds from for this project. Please put NA if you do not have any other committed funds.

*Character Limit: 1000*

### Earned Income\*

Please indicate the amount of earned income the organization plans to put towards this project.

*Character Limit: 20*

### Expenses\*

List all project-related expenses to show the total expenses for the program/project. List the description, quantity (if more than one) and cost per item. Expenses should be listed in order of importance.

For example:

Side by side refrigerator \$400

Can opener (2) \$10

Spoon (20) \$5

*Character Limit: 5000*

### Bids\*

Please upload a copy of the bids for items you wish to purchase.

These can be screenshots from vendors such as amazon, showing the item and price. File type must be word, pdf jpg or png.

If you do not have bids please write a short explanation as to why.

*Character Limit: 750 | File Size Limit: 3 MB*

## *Authorization*

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### **Governing Body Authorization\***

Please provide a statement from the organization's governing body authorizing this request and agreeing to complete the project/program if funded.

This statement should be signed by the Board Chairperson on the organization's letterhead. If the organization approved requesting the grant in a Board meeting, you may include the approved minutes from the meeting in place of the statement.

File type must be pdf, doc, docx, jpg, or png.

*File Size Limit: 5 MB*

### **Electronic Signature of Person Completing Form\***

I certify that the information on this form is true and complete to the best of my knowledge. I understand that it is fully my responsibility to provide the correct information requested and that this application will be disqualified if the requested information is not provided.

*Character Limit: 100*

## *Additional Process Information*

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Please be aware that once you hit **submit** you will NOT be able to edit the application. You will be able to view and print but not change any of the answers.

Once you submit the application you will receive a confirmation email. If you do not see it, please first check your junk/spam folder then call or email Program Officer, Abby King, at [aking@fairfieldcountyfoundation.org](mailto:aking@fairfieldcountyfoundation.org) or 740-654-8451.