

# BARRY COMMUNITY FOUNDATION YOUTH ADVISORY COUNCIL

#### **GRANT APPLICATION**

Amount of this Request: \$		Date:		_
Phone Number:	Email: _			· · · · · · · · · · · · · · · · · · ·
City:	State:		Zip:	
Address (If Different from Organization	Address):			
Adult Sponsor Name (and Title if Applic	cable):			
Phone Number:	Email: _			
Youth Project Leader Name:				
Phone Number:				
City:	State:		Zip:	
Applicant Organization Address:				
Name of School (if needed):				
Name of Organization:				-

A signed copy should be submitted to Jillian Foster. Copies may be scanned and electronically sent to <a href="mailto:jillian@barrycf.org">jillian@barrycf.org</a> or faxed or mailed to the Barry Community Foundation.

Attn: Jillian Foster, YAC Advisor Barry Community Foundation 231 S. Broadway Hastings, MI 49058 Phone: (269) 945-0526

Fax: (269) 945-0826



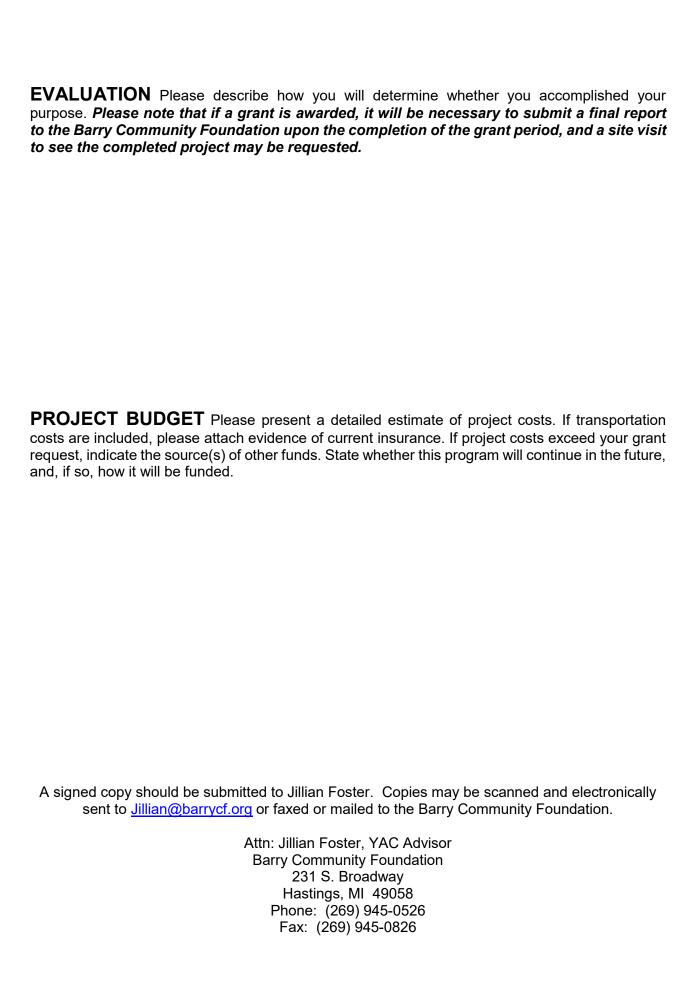
# Applications are due by October 15 for grants to be awarded in December or by March 15 for grants to be awarded in May.

INSTRUCTIONS: Please thoroughly answer all questions in the order provided. Please do not attach documents other than those specifically requested. Representatives of the applicant organization or project team may be asked to send further information or be interviewed by YAC members. Application must be completed by the youth project leader. If the youth is unable to complete the application, please contact the YAC advisor to discuss possible alternatives.

**HISTORY OF APPLICANT ORGANIZATION** Briefly describe the history of the applicant organization: when it was founded, where it is located, whom it serves and the number of members.

**PROJECT TEAM** Please list the number of persons involved in planning the program. Please indicate those who are under 21 and give their ages. List the number and responsibilities of paid staff, if any, and volunteers who will be involved in the project; list any other organizations that will assist in the project.

**PROGRAM DESCRIPTION** Describe the purpose of your project, the manner in which it will be carried out, how often it will be provided, how many people will be served, and the location where the program is to be provided. *Please specifically explain how your project will serve youth, or how it fills a need for youth, in Barry County.* 



## **ATTACHMENTS**

### **For Non-Profit Organizations**

- Copy of Internal Revenue Service Tax-Exemption Letter Confirming 501(c)(3) Status
- Copy of Most Recent Annual Financial Statement and Balance Sheet For Student Organizations
- Copy of Organization's Constitution, Bylaws, Rules of Procedure, or Other Proof of Organizational Structure
- Statement of Organization's Current Financial Balance Signed by an Officer

501(c)(3) nonprofit tax ID number:

### CERTIFICATION

To the best of my knowledge and belief, statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of the grant.

I understand that the Barry Community Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

Signature of Youth/Student Project Leader Print name:	Date
Signature of President or Executive Director of Applic	cant Non-Profit
Print name:	Dale
FOR SCHOOLS: In signing this application, the adult advisor/director veorganization and that the school will act as fiscal age	• • • • • • • • • • • • • • • • • • • •
Signature of Youth/Student Project Leader Print name:	Date
Signature of Adult Advisor Print name:	Date
Signature of Principal or Authorized Administrator Print name:	Date