



Morrison County United Way

107 SE Second Street – Little Falls, MN 56345
320.632.5102 – email: unitedway@clearwire.net

To Increase the Organized Capacity of People to Care for One Another

Dear Applicant:

Thank you for your interest in serving as a resource for change in our community. Youth as Resources is excited to be able to aid you in your efforts! Enclosed you will find the following information:

- Application for Funding
- Proposed Project Budget Report Form
- End of Project Summary
- End of Project Financial Report
- Youth as Resources Board List

Please note that you need to be as complete and detailed as possible on your grant application, or you may be asked to revise your application. Once you complete the enclosed forms, please mail them to Morrison County United Way. The YAR Board reviews the applications it receives every month. Once your application has been reviewed, you will receive a letter stating the YAR Board's decision regarding your grant. If you have any questions or need any help filling out this application, please call any of the following:

Mary Kenna; Adult YAR Coordinator at 320-616-7075 (H) or 320-632-5102 (United Way Office)
Rochelle Olson; YAR Board Chairperson at 632-3878
Gilly Stoy; YAR Board Vice Chairperson at 632-3378

Thanks again for your efforts in making our community a better place. I look forward to receiving your application soon.

Sincerely,

Mary Kenna
Youth as Resources Coordinator
Morrison County United Way



Morrison County United Way

107 SE Second Street – Little Falls, MN 56345
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To Increase the Organized Capacity of People to Care for One Another

Youth as Resources

Our mission is:

“To promote youth involvement and leadership opportunities that affect positive change in our community.”



Application for Funding

Funding is available to Youth ages 5-21 years old.

For more information, contact the Youth as Resources Coordinator at Morrison County United Way at 320-632-5102.

Revised 12-10-07



Youth as Resources Proposal Information

A Youth as Resources funded project must meet all of the following criteria:

- Youth (ages 5-21 years old) must help think of the project idea and help to carry it out.
- Include a detailed budget stating how the money will be used
- Documentation of fiscal sponsor (a 501C3) nonprofit, tax-exempt organization that will manage the money for the project. Some examples of fiscal sponsors include a church, a school, Girl/Boy Scouts, Boys and Girls Club, etc.
- Projects must address a problem or need in our community and benefit others.
- Projects that receive funding MUST complete the information contained in the enclosed 'End of Project Summary'.
- Project funding requests must not exceed \$1,000.
- Any Youth as Resources grant dollars not used need to be given back to Youth as Resources.
- Proposals should not include salaries or food for volunteers carrying out the project.

The Youth as Resources board gives funding preference to the following project proposals:

- Intergenerational projects (i.e Two or more age groups working together.)
- Proposal requests from youth in K-12th grade.
- Projects that empower and recognize youth as valuable members of our community.
- Support the Youth as Resources mission statement.

Please mail all Funding Requests to:

Morrison County United Way
Youth as Resources
107 SE Second Street
Little Falls, MN 56345

If you have any questions about this application please call United Way at 632-5102.

NOTE: You will be asked to rewrite the grant if your application is not complete.

Funding for Youth as Resources provided by: Initiative Foundation of Central Minnesota and Morrison County United Way.



Youth as Resources Application for Funding

Please provide the following information in three pages or less. Questions may be answered on a separate sheet of paper, if necessary.

Today's Date:

Name of Program, Event, or Activity:

Youth Contact Name:

Youth Contact Phone Number:

Youth Contact Mailing Address:

Adult Advisor Name:

Adult Advisor Phone Number:

Adult Advisor E-mail Address:

Name of Fiscal Sponsor:

Fiscal Sponsor Address:

Dollar Amount Requested (Up to \$1,000):

Note: Include budget using attached form.

1. Project Start Date: _____ Project End Date: _____
2. Explain the project- What are you wanting to do? (For example, include history, mission, and goals.)
3. Has this project received a Youth as Resources grant before? ___ Yes ___ No
4. If yes, please briefly describe the project, date, and the amount received.
5. What community need(s) is your project addressing?
6. How will this project benefit the community or people living in the community?
7. Who is the project serving and approximately how many people will benefit from the project?
8. What are youth doing to plan and carry out the project?

Number of people involved in planning this project:

_____ Number of Youth _____ Number of Adults

Number of people involved in implementing this project:

_____ Number of Youth _____ Number of Adults

9. How will you know if this project was successful?

CONTINUED ON BACK



Youth as Resources Application for Funding Continued

10. Are you receiving money or materials from any other organization for this project?

Yes No If yes, please list name and level of support.

11. Is it necessary to market your project? Yes No If yes, please describe your plans.

12. Will you recognize Youth as Resources as a funder? Yes No If yes, please give specific examples.

13. What other funding sources do you have besides Youth as Resources?

14. Please include any other information you wish to share about this project.



Proposed Project Budget Report Form

Income	Amount
Other Funding:	\$
Fundraisers:	\$
Donations:	\$
YAR Funding Request (Pending):	\$
TOTAL INCOME	\$

Expenses (be specific)	Amount
Materials: (list)	\$
Art Supplies:	\$
Rentals:	\$
Publicity (paper, postage, invitations)	\$
Speaker:	\$
Entertainment:	\$
Decorations:	\$
Other: (Describe in detail)	\$
TOTAL EXPENSES	\$

Total Amount Requested from Youth as Resources \$ _____



YOUTH AS RESOURCES END OF PROJECT SUMMARY

This report (along with “End of Project Financial Report”) needs to be filled out by youth involved in the project and submitted one month after the project is completed. Please submit photographs from your project with this report for use by Youth as Resources. Return completed report to: Morrison County United Way, Youth as Resources, 107 SE Second Street, Little Falls, MN 56345.

Project Title:

Person Responsible:

Number of people involved in planning this project:

_____ Number of Youth

_____ Number of Adults

Number of people involved in implementing this project:

_____ Number of Youth

_____ Number of Adults

Total number of people that benefited from this project: _____

Please check all the areas that where youth involved grew through participation in this project:

_____ Ability to express opinions

_____ Planning skills

_____ Decision-making skills

_____ Public speaking skills

_____ Teamwork skills

_____ Budgeting skills

_____ Listening skills

_____ Knowledge of community issues/resources

_____ Learned or reinforced the importance of volunteering

Briefly describe the project:

Give examples of how youth led this project:

How were the youth impacted by this experience?

What changes happened in our community as a result of this project?

How did you recognize Youth as Resources for funding your project?

CONTINUED ON BACK



Youth as Resources End of Project Financial Report

This report needs to be filled out by youth involved in the project and submitted (along with “End of Project Summary) one month after the project is completed.

Fiscal Host:

Project Title:

**Grant Amount Received:

Report of Financial Activity

Expense Items	Amount Budgeted	Grant Funds Expended	Balance

I agree that all unused project funds must be returned to Morrison County United Way – Youth as Resources.

Name of person completing this summary:

Name of Organization Requesting Funds:

Signature of person completing this summary:

Date: