

2019 General Operation Grant

Youthprise

Organization Information

Name of Project*

Please list the name of the organization eligible to receive funding from Youthprise and that will be legally responsible for administering the grant.

Character Limit: 100

Applying Organization Employer Identification Number*

Character Limit: 250

Applying Organization Address*

Please list your organization's primary mailing address.

Character Limit: 250

Applying Organization City*

Character Limit: 100

Applying Organization State & Zip Code*

Character Limit: 100

Applying Organization Primary Contact Person & Title*

Please list the primary contact person for this project.

Character Limit: 200

Applying Organization Telephone*

Character Limit: 20

Applying Organization Email*

Character Limit: 100

Applying Organization Mission & History*

Character Limit: 6000

Total Applying Organizational Budget Amount*

Character Limit: 250

The questions below are only applicable if the applying organization is applying on behalf of another organization that will operate the proposed activities.

Operating Organization

If the applying organization is serving only as a fiscal agent, please list the name of operating organization.

Character Limit: 100

Operating Organization Employer Identification Number

Character Limit: 200

Operating Organization Address

Character Limit: 250

Operating Organization City

Character Limit: 250

Operating Organization State & Zip Code

Character Limit: 250

Operating Organization Primary Contact Person & Title

Please list the primary contact person for this project.

Character Limit: 100

Operating Organization Telephone

Character Limit: 20

Operating Organization Email

Character Limit: 50

Operating Organization Mission & History*

Please describe your mission and briefly describe your history.

Character Limit: 6000

Total Operating Organizational Budget Amount*

Character Limit: 100

Grant Number

Character Limit: 250

General Operation Information

How do you plan to use general operation funding?*

Character Limit: 10000

What do you hope to achieve as a result of the use of general operation funding?*

Character Limit: 5000

Demonstrate that your organization is efficient, effective, and high functioning.*

Character Limit: 5000

How does your organization's mission and work align with the Youthprise's mission?*

Character Limit: 7000

Project Period*

Please indicate the start and end date of your project.

Character Limit: 200

Amount Requested from Youthprise*

Please list the total amount of Youthprise funding you are requesting.

Character Limit: 100

Youth Engagement

The questions below pertain to the organization responsible for operating the proposed activities.

Youth Engagement*

Does your organization employ formal mechanisms to involve youth in decision-making?

Choices

- No
- Yes

Types of Engagement*

Please list the ways youth are involved in formal decision-making.

Choices

- Governing Board
- Youth Advisory Board
- Youth Council
- Other

Other Types of Engagement*

Please identify other ways youth are involved in formal decision-making.

Character Limit: 4000

Racial Equity

The questions below pertain to the organization responsible for operating the proposed activities.

Racial Equity & Inclusion Policy*

Does your organization have a racial equity and inclusion policy?

Choices

- No
- Yes

Participant Demographics*

Please list the racial demographics for participants served during the most recently completed year.

Character Limit: 5000

Authorization

The questions below pertain to the organization legally and financially responsible for the proposed grant.

Name & Title*

Please list the name and title of the Chief Executive, Board Member, or equivalent representative authorized to enter into legal agreements. By entering your name and title below, you certify that you are authorized to apply for this grant and acknowledge that this is your electronic signature.

Character Limit: 200

Tax Exempt Status*

Is your organization a 501(c)(3)?

Choices

- No
- Yes

Government Agency*

Is your organization a public school or unit of government?

Choices

- No
- Yes

Fiscal Agent*

Is your organization serving as a fiscal agent for this project?

Choices

No
Yes

Americans with Disability Act*

Do your organization's policies and practices comply with the Americans with Disability Act?

Choices

No
Yes

Attachments

Financial Statements*

Please upload the most recent audited financial statements for the applying organization. If you do not have a recent audit, provide an explanation why in the space below and upload your most recent IRS 990 or board approved financial statements. If you need to add clarifying information regarding your financial statements, please add that information below as well.

Character Limit: 2000 | File Size Limit: 6 MB

General Operation Budget*

Please upload a budget that describes how you will use general operation funding.

File Size Limit: 5 MB

Total Budget*

Please upload your total organizational budget.

File Size Limit: 5 MB

Annual Report*

Please upload your most recent annual report.

File Size Limit: 10 MB

IRS W9 Form*

Please upload the W9 form of the applying organization.

File Size Limit: 3 MB

Board List*

Please upload a list of board member names, their affiliations, gender, and race/ethnicity for the applying organization and if applicable the operating organization.

File Size Limit: 3 MB

Staff List*

Please upload a list that identifies the number of staff by gender and race/ethnicity for the organization responsible for operating the proposed activities.

File Size Limit: 3 MB