

# 2021 SPPS Summer Enrichment Programming Grant

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*Youthprise*

## *Organization Information*

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### **Applying Organization Name\***

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: 250*

### **Applying Organization Employer Identification Number (EIN)\***

Please enter the EIN number of the organization listed above.

*Character Limit: 250*

### **Applying Organization Address\***

Please list your organization's primary mailing address.

*Character Limit: 250*

### **Applying Organization City\***

*Character Limit: 250*

### **Applying Organization State & Zip Code\***

*Character Limit: 250*

### **Applying Organization Primary Contact Person & Title\***

Please list the primary contact person for this project.

Primary contact person **must be** someone employed by the applying organization.

*Character Limit: 250*

### **Applying Organization Telephone\***

*Character Limit: 250*

### **Applying Organization Email\***

*Character Limit: 100*

### **Applying Organization Mission & History\***

*Character Limit: 6000*

### **Applying Organization Annual Budget Amount\***

*Character Limit: 20*

## Fiscal Agent\*

Is the applying organization serving as a fiscal agent for this proposed project?

### Choices

Yes

No

## *Fiscal Sponsor*

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**Answer the questions below only if the applying organization above is applying as a fiscal agent on behalf of another organization that will operate the proposed activities.**

### Operating Organization

*Character Limit: 250*

### Date of Incorporation (if applicable)

*Character Limit: 8*

### Operating Organization Employer Identification Number (if applicable)

*Character Limit: 10*

### 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

Primary contact person **must be** someone employed by the operating organization.

*Character Limit: 250*

### Operating Organization Telephone

*Character Limit: 250*

### Operating Organization Email

*Character Limit: 254*

### Operating Organization Mission & History

Please describe your mission and briefly describe your history.

*Character Limit: 6000*

## Operating Organization Annual Budget Amount

*Character Limit: 20*

### *Project Overview*

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#### **Project Name\***

Your project name must be different than your organization's name.

*Character Limit: 100*

#### **Target Services\***

Please check the services your project will provide.

#### **Choices**

Mentoring Services

Tutoring Services

Hands-on Learning Opportunities

General Enrichment Services

#### **Target Area of St. Paul\***

Please describe the specific target area of your project (e.g. Frogtown, East Side, North End, etc.).

*Character Limit: 250*

#### **Target Population\***

Please describe the target population you intend to serve including race or other relevant demographic information. (e.g. African American students, middle school students, all students from Summit University, Hmong students 15 to 17, etc.)

*Character Limit: 1500*

#### **Experience\***

Please describe your experience working with your target population and your experience providing your targeted service(s).

*Character Limit: 3500*

#### **Project Summary\***

Please provide a brief description of your project. Your description should clearly describe the services you intend to provide, when and where services will be provided, how frequently services will be provided, the duration of services when they are provided, a description of staff assigned to your project, and any other relevant information that will help us understand your project.

*Character Limit: 3500*

### **Project Goals, Outcomes, & Outputs\***

Please identify your project goal(s), outcome(s), and output(s). Your goal(s) should be appropriate for a short term project. Your outcome(s) and output(s) should be clear, measurable, and related to your goal(s).

*Character Limit: 3500*

### **Project Start Date\***

Projects can begin by July 20, 2021.

*Character Limit: 10*

### **Project End Date\***

Projects must conclude by September 30, 2021. **(Onetime grant period extensions may be approved on a case by case basis.)**

*Character Limit: 10*

### **Amount Requested from Youthprise\***

Please list the total amount of Youthprise funding you are requesting to apply toward the total cost of your project.

*Character Limit: 20*

## *Youth Engagement*

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### **Youth Engagement Responses\***

Please select which organization is responding to the questions below.

#### **Choices**

Applying Organization  
Operating Organization

### **Youth Engagement\***

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

#### **Choices**

Yes  
No

### **Types of Engagement\***

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

#### **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: 10000*

## Racial Equity

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### Racial Equity Responses\*

Please select which organization is responding to the questions below. **Your selection should match your selection for Youth Engagement.**

#### Choices

- Applying Organization
- Operating Organization

### Racial Equity & Inclusion Policy\*

Does your organization have a racial equity and inclusion policy?

#### Choices

- Yes
- No

### Participant Demographics

Please list the racial and gender demographics of participants served in the most recently completed year.

### American Indian or Alaskan Native (Participant)\*

*Character Limit: 250*

### Asian/Pacific Islander (Participant)\*

*Character Limit: 250*

### Black/African American (Participant)\*

*Character Limit: 250*

### Hispanic/Latino (Participant)\*

*Character Limit: 250*

### Two or More Races (Participant)\*

*Character Limit: 250*

**White (Participant)\***

*Character Limit: 250*

**Female (Participant)\***

*Character Limit: 250*

**Male (Participant)\***

*Character Limit: 250*

**Non Binary (Participant)\***

*Character Limit: 250*

**Transgender (Participant)\***

*Character Limit: 250*

**Staff Demographics**

Please list the racial and gender demographics of operating organization's staff.

**American Indian or Alaskan Native (Staff)\***

*Character Limit: 250*

**Asian/Pacific Islander (Staff)\***

*Character Limit: 250*

**Black/African American (Staff)\***

*Character Limit: 250*

**Hispanic/Latino (Staff)\***

*Character Limit: 250*

**Two or More Races (Staff)\***

*Character Limit: 250*

**White (Staff)\***

*Character Limit: 250*

**Female (Staff)\***

*Character Limit: 250*

**Male (Staff)\***

*Character Limit: 250*

**Non Binary (Staff)\***

*Character Limit: 250*

**Transgender (Staff)\***

*Character Limit: 250*

**Board Demographics**

Please list the racial and gender demographics of operating organization's board.

**American Indian or Alaskan Native (Board)\***

*Character Limit: 250*

**Asian/Pacific Islander (Board)\***

*Character Limit: 250*

**Black/African American (Board)\***

*Character Limit: 250*

**Hispanic/Latino (Board)\***

*Character Limit: 250*

**Multiracial (Board)\***

*Character Limit: 250*

**Two or More Races (Board)\***

*Character Limit: 250*

**White (Board)\***

*Character Limit: 250*

**Female (Board)\***

*Character Limit: 250*

**Male (Board)\***

*Character Limit: 250*

**Non Binary (Board)\***

*Character Limit: 250*

**Transgender (Board)\***

*Character Limit: 250*

## Financial Information

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### Financial Statements

Please upload your most recent audited financial statements. 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: 10 MB*

### Project Budget\*

Please click the link below to access and complete the budget template. Once completed, upload your project budget.

Include sources of secured revenue as well as expenses and clearly detail how Youthprise funds will be allocated in the budget.

<https://youthprise.egnyte.com/dl/VTMmMXaNylhttps://youthprise.egnyte.com/dl/Go9kpZ4vfn>

*File Size Limit: 10 MB*

## Authorization

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The questions below pertain to only the applying organization.

### 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

### Partisan Political Activities\*

Will the project involve any partisan political activities?

#### Choices

No  
Yes



### **Lobbying or Policy Advocacy\***

Will the project involve any lobbying or policy advocacy activities?

#### **Choices**

- No
- Yes

### **Government Agency\***

Is your organization a public school or unit of government?

#### **Choices**

- No
- Yes

### **Americans with Disability Act\***

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

#### **Choices**

- No
- Yes

### **Insurance\***

Does your organization have general liability insurance?

#### **Choices**

- Yes
- No

### **Background Checks\***

Does your organization require background checks for employees and volunteers that interact with youth?

#### **Choices**

- Yes
- No