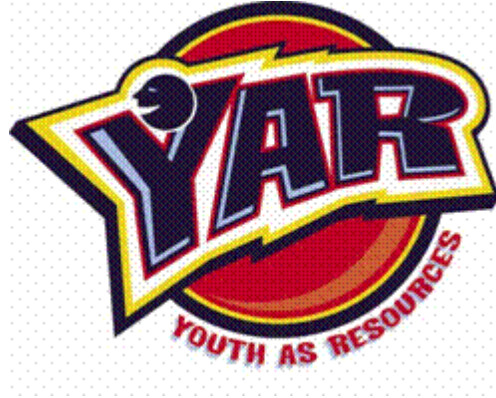


# Youth as Resources



## Application for Funding

United Way of Kandiyohi County



All applications for funding submitted by the 1st of the month will be reviewed on the second Wednesday of the month.

Direct any questions to Gina Mueller: Youth as Resources (YAR) Coordinator  
Phone: 320.235.1050  
Fax: 320.235.2774  
e-mail: [gina@unitedwaykc.org](mailto:gina@unitedwaykc.org)

## Youth as Resources Proposal Form

### **Youth as Resources Mission Statement** ***Making a Difference by Transforming Youth Vision into Reality***

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

- Youth led, youth initiated project with youth defined as 5-21 years old
- Fit in at least one Youth as Resources project priority area (described below)
- Detailed budget stating how dollars will be used
- Project must meet an identified community need
- Project location must be within a 30 mile radius of Kandiyohi County
- Results oriented including a report telling what was accomplished and what was learned once project is completed
- Youth as Resources fund allocations will be at least \$50 and not exceed \$1000
- Youth as Resources will not fund salaries
- Any dollars not used will come back to Youth as Resources fund

All Youth as Resources projects must fit into one of more of these priority areas:

- **Increase the Leadership Skills of Youth:** Increase community involvement; Develop alternatives to substance abuse; Increase awareness of mental and physical health issues; Reduce stress; Increase understanding and interaction of people of diverse cultures and backgrounds. Please make it clear as to how leadership skills will be enhanced as a result of this project.
- **Encourage Successful Youth:** Increase self-esteem; Participate in safe, positive activities that build social skills; Build supportive relationships with caring adults; Increase awareness of the positive results of engaging youth as leaders and decision makers
- **Increase Self-Sufficiency:** Helping people connect with the community; Meet basic needs for food, clothing and shelter; Develop skills and independence through education

Youth as Resources currently receives funding from Southwest Minnesota Foundation, Otto Bremer Foundation, and United Way of Kandiyohi County.



**United Way of Kandiyohi County**

Please provide the following information in three pages or less. Submit to Youth as Resources, United Way of Kandiyohi County, PO Box 895, Willmar, MN 56201. Fax: 320.235-2774. If funding is approved, a brief written report on the results achieved is required when the program/event or activity is completed. Please answer questions on separate paper.

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Date:

Name of program/event or activity:

Address:

Phone:

Fax:

E-Mail:

Contact Person:

Adult Advisor (required):

Phone:

Fiscal Sponsor (organization that will manage the funding for the project):

1. Describe the project. Include history, its missions, and goals:
2. How have youth been involved in planning this project?
3. How will youth be involved in implementing this project?
4. Which Youth as Resources project priority area(s) does this relate to and how:
5. How will this project benefit the community?
6. Who is this project serving and how will they benefit?
7. What are your goals? How will this project change people's lives?
8. How will you determine whether the project is successful? How will you measure how successful it was?
9. How many people do you estimate will benefit from this project?
10. What is the timeline for completion?
11. How will you publicize this project?
12. Amount requested (\$50-\$1000):
13. What is your total budget (income/expenses)?
14. Who else is helping you (funding, volunteers, in-kind, etc.)?
15. How will Youth as Resources be recognized as a funder?
16. Who wrote this proposal?
17. What other information do you wish to share about this project?

## Project Budget

<b>Income</b>	<b>Amount</b>
Other Funding	\$
Fundraisers	\$
Donations	\$
YAR Funding Request (pending)	\$
<b>Total Income</b>	<b>\$</b>

<b>Expenses (be specific)</b>	<b>Amount</b>
Refreshments:	\$
Rentals:	\$
Publicity (paper, postage, invitations):	\$
Speaker:	\$
Entertainment:	\$
Transportation:	\$
Materials (list):	
Decorations/Art Supplies:	\$
Other:	\$
<b>Total Expenses</b>	<b>\$</b>

Total Amount Requested from YAR=

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YAR Application  
**Helpful Hints to Consider**

**Be Specific.**

Be very clear about your idea.  
Include as many details as possible.  
Answer every question.  
Utilize your full three pages.

**Budget.**

What will you buy?  
Be detailed.  
Take the time to find out what things cost before putting your budget together.  
Do not forget to note things that are being donated to you. This might include food, supplies, or space.  
Be specific about other funds that will support this project.  
Be specific about total budget.  
Any dollars not used will come back to the Youth as Resources fund.

**Application Due Dates.**

Projects submitted by the 1<sup>st</sup> of the month will be reviewed the second Wednesday of the month. Contact Youth as Resources at (320) 235-1050 if you have any questions.

**Checklist.**

Make sure you have addressed the following items in your proposal. This checklist is used by the Youth as Resources board to make its funding decisions. We suggest you refer to it when completing your application. Youth written proposals are encouraged but not required.

- 1. Project is clearly youth initiated, youth-led
- 2. Project clearly fits in a project priority area
- 3. Clear explanation of community need
- 4. Budget appears logical and realistic
- 5. Project description thought through
- 6. Project goals are measurable
- 7. Adult advisor clearly identified
- 8. Fiscal host clearly identified

## Youth as Resources End of Project Report

Please submit at least three photographs from your project with this report for use by Youth as Resources. Return completed report to: Youth as Resources, PO Box 895, Willmar, MN 56201.

**Project Title** \_\_\_\_\_

1. Number of people involved in the planning for this project:

_____ ages 5-10	_____ ages 19-21
_____ ages 11-14	_____ over age 21
_____ ages 15-18	_____ Rough Total

2. Number of people who attended/benefited from this project:

_____ ages 5-10	_____ ages 19-21
_____ ages 11-14	_____ over age 21
_____ ages 15-18	

3. Describe the project.

4. How did youth play a leadership role in this project? Give examples.

5. What did you accomplish? Did you accomplish what you set out to accomplish? Do you consider this project a success? Example.

6. What would you have done differently?

7. How did this project help our community? What changes happened as a result of this project?

8. What did you learn about our community as a result of this project?

9. How did this project help the youth involved?

10. How do you intend to continue this project, or similar projects, in the future?

11. How did you give recognition to Youth as Resources for funding your project?

12. Name and Number of Contact Person.

*This report form must be submitted within one month after the project is completed. Any exceptions must be communicated through the Youth as Resources Coordinator. This report will be taken into consideration for future funding requests.*