AITKIN COMMUNITY EDUCATION
YOUTH SERVICE GRANTS
2014-15

Deadline to use grant funds is June 15, 2015 or they will be forfeited. Any unused funds will remain in the Youth Development Fund.

WHO IS ENCOURAGED TO APPLY?

Organizations which may consider entering into a Youth Service partnership with Aitkin Community Education include: Departments of I.S.D. 001, Youth Organizations, Social Service Agencies, Professional and Community Organizations, and Private Educational Institutions.

WHAT PROJECTS WILL BE CONSIDERED?

Projects that address one or more of the following youth focus issues will be considered for funding:

1. Youth At Risk
2. Building Self-Reliance and Self-Sufficiency
3. Positive Youth Empowerment/Advocacy and Public Awareness
4. Interpersonal and Multi-Cultural Relationships
5. Family Issues and Relationships
6. Youth Service

HOW DO YOU GO ABOUT APPLYING FOR A GRANT?

Complete an application using the attached form before one of the following deadlines: September 15, December 15, April 15, and June 15. There will be a cap of $500.00 per grant. Special consideration is given to proposals that are cost effective and impact youth at relatively low cost.

WHO WILL REVIEW THE APPLICATIONS AND HOW WILL THE AWARDS BE MADE?

Proposals will be reviewed by the subcommittee of the Community Education Advisory Council before going to the whole committee. Recommendations for awarding of grants will be made by the advisory council and forwarded to the Aitkin School Board for final approval.

EXPENSES THAT ARE NOT ELIGIBLE

➢ Personal items such as clothing, gifts, etc.
➢ Capital expenditures such as equipment items (supplies that are necessary to carry out a project are not usually regarded as capital expenditures)
➢ All funds expended must be according to regulations that govern the expenditure of Community Education monies.

YOUTH DEVELOPMENT GRANTS PROGRAM
CONDITIONS FOR ELIGIBILITY

1.   The proposal must provide service opportunities for persons between birth and age 21.

2.   The proposal must provide opportunities for children and youth who live within the boundaries of District 001.

3.   The applicant must consult Community Education staff in its planning, implementation and evaluation.

4.   All expenses must be paid by Community Education from funds granted to the project.

5.   The proposal must address at least one of the focus issues.

6.   The proposal must have a program evaluation plan that includes identifiable outcomes.

EVALUATION CRITERIA FOR GRANT APPROVAL

1.   Special priority will be given to proposals that help youth address problems that place them at risk.

2.   Special priority will be given to proposals that are directed toward the prevention of problems.

3.   Special priority will be given to proposals that are developed and evaluated with significant youth involvement.

4.   Priority will be given to applicants that demonstrate the ability to carry out the project.

5.   Special consideration will be given to proposals that include matching other funding or volunteer sources with Youth Service grant funds.

6.   Special consideration will be given to proposals which are cost effective and impact youth at relatively low cost.

PROJECT APPLICATION FORM

DATE_____

PROJECT NAME_____

NAME OF ORGANIZATION/GROUP_____

PERSON IN CHARGE_____

ADDRESS_____

DAYTIME PHONE_____

DESCRIBE YOUR PROJECT:

PROJECT PARTNERS

PARTNER #1

NAME_____

ADDRESS_____

CITY,STATE,ZIP_____

PHONE_____

PARTNER #2

NAME_____

ADDRESS_____

CITY, STATE, ZIP_____

PHONE_(_____)_____

PROJECT FOCUS ISSUES, GOALS AND OBJECTIVES

PROJECT NAME: _____   DATE: _____

Focus issue (s) addressed by project:

Goal (s) of project:

Activities to fulfill the goals: (be specific, you should include the number of youth to be served and the number of hours of contact time.)

What is the timeline for this project? (Be sure to include beginning and ending dates)

Describe how this project will be evaluated. How will you determine if this project is successful?

Background of the applicant and ability to carry out project:

BUDGET PROFILE

Amount Requested $_____

DESCRIPTION OF EXPENDITURES	YOUTH SERVICE	OTHER SOURCES	OTHER

Total Expenditures: $_____

Signature of Applicant_____

Date_____

YOUTH DEVELOPMENT GRANT
PROJECT EVALUATION

THE FOLLOWING EVALUATION MUST BE COMPLETED AT THE **END** OF YOUR PROJECT.

PROJECT NAME:_____   DATE:_____

1.   What did the youth feel to be the most positive outcomes of the project?

2.   As the project coordinator, what did you see to be the most positive outcomes of the project?

3.   Did the project change? If so, how?

(OVER)

4.   What changes would you make in the project if it were done again?

5.   Was the timetable adequate?

6.   How many people would you estimate were affected or involved in your project?

7.   What improvements could you recommend for the awarding of grants, working with Community Education, publicity, etc.

8.   Fill out the budget sheet below denoting estimated and actual expenditures.

BUDGET - YOUTH SERVICE

Expenditure Item Estimated	Expenditure Item Actual
TOTAL =	TOTAL =