



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# URBAN SERVICES YMCA YEF Mini-Grant Application

## OVERVIEW

**MINI-GRANT CYCLE:**  School Year  Spring  Summer    Year: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

### YOUTH LEADER 1

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### YOUTH LEADER 2 (OPTIONAL)

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### YOUTH LEADER 3 (OPTIONAL)

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ADULT ALLY 1

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ADULT ALLY 2 (OPTIONAL)

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### FISCAL SPONSOR (Must be a 501C3 Non-Profit)

Organization: \_\_\_\_\_ Point of Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BRIEF PROJECT DESCRIPTION

Write a one paragraph (3 - 7 sentences) overview describing what your project is.

# PROJECT TEAM

## YOUTH LEADER 1

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Please use the number that is the best way to reach you

Role In Project: \_\_\_\_\_ Fun Fact: \_\_\_\_\_

I agree to be a youth leader for the duration of the project. I will be responsible for the monthly reporting and attending Grantee Gatherings.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## YOUTH LEADER 2

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Please use the number that is the best way to reach you

Role In Project: \_\_\_\_\_ Fun Fact: \_\_\_\_\_

I agree to be a youth leader for the duration of the project. I will be responsible for the monthly reporting and attending Grantee Gatherings.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## YOUTH LEADER 3 (OPTIONAL)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Please use the number that is the best way to reach you

Role In Project: \_\_\_\_\_ Fun Fact: \_\_\_\_\_

I agree to be a youth leader for the duration of the project. I will be responsible for the monthly reporting and attending Grantee Gatherings.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Please enter information for UP TO 18 youth team members.

**YOUTH TEAM MEMBER 1**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 2**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 3**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 4**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 5**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 6**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**Note:** Please enter information for UP TO 18 youth team members.

**YOUTH TEAM MEMBER 7**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 8**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 9**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 10**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 11**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 12**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**Note:** Please enter information for UP TO 18 youth team members.

**YOUTH TEAM MEMBER 13**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 14**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 15**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 16**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 17**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

**YOUTH TEAM MEMBER 18**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Decline to State Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Role In Project: \_\_\_\_\_

Fun Fact: \_\_\_\_\_

# ADULT SUPPORT

This section should be filled out by the project's Adult Allies and Fiscal Sponsor.

## ADULT ALLY 1

Name: \_\_\_\_\_ Relationship to Youth Leader(s): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Project Affiliation: \_\_\_\_\_

## ADULT ALLY 2 (OPTIONAL)

Name: \_\_\_\_\_ Relationship to Youth Leader(s): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Project Affiliation: \_\_\_\_\_

## FISCAL SPONSOR (Must be a 501c3 Non-Profit)

Organization: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Executive Director: \_\_\_\_\_ Point of Contact: \_\_\_\_\_  
Executive Director Phone: \_\_\_\_\_ Point of Contact Phone: \_\_\_\_\_  
Executive Director Email: \_\_\_\_\_ Point of Contact Email: \_\_\_\_\_

## TERMS OF AGREEMENT

- The Youth Empowerment Fund can only grant funds for youth-led projects expenses. Funds cannot augment existing program budgets. Funds will only be provided for new or additional programming that is youth-led.
- The Youth Empowerment Fund can only grant funds for youth-led project expenses. Funds cannot augment existing program budgets. Funds will only be provided for new or additional programming that is led by youth.
- Fiscal sponsor fees or adult wages (for fiscal sponsor staff or adult allies) for any support given to youth are not approved expenses. All support from adult allies and fiscal sponsor organizations is on a voluntary basis and cannot be financially compensated through YEF grant funds.
- Adult allies are required to accompany at least 1 youth leader to grantee gatherings throughout the project cycle.
- YEF mini-grants are disbursed as reimbursements of paid project expenses. Your organization will be reimbursed monthly after approval of an invoice including detailed receipts and documentation.
- YEF does not reimburse for adult staff wages/salaries, administrative fees and overhead costs, ANY expenses outside San Francisco, bottled water, or tip/gratuity.
- FULL REIMBURSEMENTS ARE CONTINGENT UPON THE COMPLETION AND APPROVAL OF REIMBURSEMENT PACKETS.

I have read the Terms of Agreement and understand that should this project receive funding I will abide by these regulations.

Adult Ally 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Terms of Agreement and understand that should this project receive funding I will abide by these regulations.

Adult Ally 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Terms of Agreement and understand that should this project receive funding I will abide by these regulations.

Executive Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Terms of Agreement and understand that should this project receive funding I will abide by these regulations.

Point of Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROJECT DESCRIPTION

We want to know the details of your amazing project. Answer the following essay questions on the next two pages as best you can and make sure to answer all the guiding questions in each section. If you need more space feel free to submit a supplementary document (Microsoft Word or PDF).

Project Name: \_\_\_\_\_ Total Funding Requested: \_\_\_\_\_

1. Describe your project. **Guiding questions:** What is the project? What will you do? Who is it for? Why are you doing it?
2. Explain why there is a need for this project. **Guiding questions:** Is there something missing from your community? Is there a program that youth really want but isn't available? Do you need money for equipment to get the project started or take it to the next level? Is this project a way to address a social issue?
3. Why is the project important? **Guiding questions:** Why is it important to you? How is it significant for your life and the life of your team? How is it significant for San Francisco Youth? Does the project create change?
4. What are the project goals and what activities will help achieve your goals? **Guiding questions:** What do you want to accomplish at the end of the project? What are the steps you will take to accomplish those things? How will your team work together to make it happen?
5. What kind of impact will your project have on the community? **Guiding questions:** Who and what will benefit from your project? What will youth gain from the project? Our goal is to impact \_\_\_ youth and \_\_\_ adults (specify a number). Identify the community the project is for and the population (an estimate) of the community.
6. Impact Goals:
  - A) To fulfill your project goals, how many **YOUTH** will you impact with your project?
  - B) To fulfill your project goals, how many **ADULTS** will you impact with your project?
7. Minimal Impact for Success:
  - A) For you to consider your project a success, what is the **minimum** number of **YOUTH** that will be impacted by your project?
  - B) For you to consider your project a success, what is the **minimum** number of **ADULTS** that will be impacted by your project?
8. In 2 sentences to 2 paragraphs, describe the community or communities you aim to impact with your project.

## PROJECT DESCRIPTION

We want to know the details of your amazing project. Answer the following essay questions on the next two pages as best you can and make sure to answer all the guiding questions in each section. If you need more space feel free to submit a supplementary document (Microsoft Word or PDF).



## PROJECT DESCRIPTION

We want to know the details of your amazing project. Answer the following essay questions on the next two pages as best you can and make sure to answer all the guiding questions in each section. If you need more space feel free to submit a supplementary document (Microsoft Word or PDF).

## PROJECT SCHEDULE (SCHOOL YEAR AND SPRING)

If your project receives funding we want to know you have a solid plan to put it into action. Tell us about what you'll be doing during the funding period. How many times will you meet to plan with your team, what activities and events will you have going on during the project? Only list activities for the months you are applying for funding.

	MEETING DATES & LOCATIONS	PROJECT ACTIVITIES AND EVENTS	
OCTOBER			SCHOOL YEAR
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
			SPRING

## PROJECT SCHEDULE (SUMMER)

If your project receives funding we want to know you have a solid plan to put it into action. Tell us about what you'll be doing during the funding period. How many times will you meet to plan with your team, what activities and events will you have going on during the project? Only list activities for the months you are applying for funding. **FOR SUMMER PROJECTS, ALL FUNDS MUST BE SPENT BY JUNE 30.**

### SPENDING SCHEDULE - All spending must happen in June

		DATES	ITEMS TO BE PURCHASED
<b>JUNE</b>	<b>WEEK 1</b>		
	<b>WEEK 2</b>		
	<b>WEEK 3</b>		
	<b>WEEK 4</b>		
	<b>WEEK 5</b>		
	<b>WEEK 6</b>		

### PROJECT SCHEDULE

	MEETING DATES & LOCATIONS	PROJECT ACTIVITIES AND EVENTS
<b>JUNE</b>		
<b>JULY</b>		
<b>AUGUST</b>		

## PROJECT BUDGET

Note: Remember to list the priority (most important to least important) line items in your budget.

<b>Line Item</b>	<b>Priority</b>	<b>Cost</b>
Youth Wages		
Materials & Supplies		
Facilities		
Honorarium		
Food & Beverage		
Other		
<b>Total</b>		

Are you seeking additional funding (Example: applying for other grants, fundraising, etc.)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what are those resources and how much money do you expect to get from them?

\*Please type your answers. If you need more room, feel free to add another page.













**OTHER EXPENSES (Transportation, gift cards, entry fees, etc.)**

<b>Description</b>	<b>Quantity</b>	<b>Rate</b>	<b>Total</b>
<b>Total Other Expenses</b>			

**Explanation:**

# FINAL APPLICATION CHECKLIST

	Youth Leader 1	Youth Leader 2	Youth Leader 3 <small>(optional)</small>
• Read through the reference packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fill out all contact information for youth leaders, adult allies, and sponsor organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Complete all sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Project Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Project Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Project Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Project Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have a trusted peer and your adult ally review and give feedback on your application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spell check and grammar check for typos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please email completed applications to **yefstaff@gmail.com**. Applications can also be turned in by hand or mailed to:

Attn: YEF Office  
 1426 Fillmore St. Suite 204  
 San Francisco, CA 94115

The YEF office is located on Fillmore St. between O'Farrell St. and Ellis St.  
**Closest Bus Lines:** 22 Fillmore, 38/38R Geary, 31 Balboa

Applications will be reviewed by YEF adult staff. For questions or assistance, please call 415.561.0631 ext. 1119 or email [yefstaff@gmail.com](mailto:yefstaff@gmail.com)