



COMMUNITY PRIDE FOUNDATION - YOUTH ACTIVITIES GRANT APPLICATION

c/o Goshen County Chamber of Commerce, 2042 Main Street, Torrington, WY 82240
532-5162 sandy@goshenwyo.com

Eligible Organizations:

Grants may be made to public schools, youth organizations, nonprofit organizations, and public/governmental agencies. Grants are not made to individuals.

Application Deadline:

Applications must be emailed or post-marked by May 1 & November 1 by 4pm

Criteria:

Proposals must address at least one of the following youth activities:

- Arts
- Athletics/Sports
- Education
- Leadership

In addition, proposals will be evaluated using the following elements:

- Demonstration that proposed project is youth-centered
- Explanation of how youth will have active participation in the project
- Emphasis on the youth program rather than simply a request for equipment
- Measurable objectives and outcomes
- Collaboration with other agencies, organizations or businesses
- Leveraging other funding sources

Awards typically range from \$500 to \$2,500. Grants of greater or lesser amounts will be considered. Funding available for youth activities is limited to \$10,000 per year.

If funds are awarded, a final report must be turned in within six months from date awarded. Grant recipients are asked to submit a final report with the following information:

- Organization: The name of your organization
- Project title: Name of the project as indicated on your application
- Grant amount: Amount of the grant issued to your agency
- Contact: Name, telephone and email of individual completing report
- Number of youth served
- Did this grant enable your organization to leverage any additional funds?
- Were there any challenges in implementing the project and how are these challenges addressed?
- What measurable impact did this project have on the community? Respond relating to goals and outcomes outlined in your original application
- Summary statement listing all expenditures paid with grant proceeds and copies of all invoices paid with grant proceeds

Application Format:

1. Application Cover Sheet
2. Application Narrative
 - a. Purpose of the Grant
 - i. State the problem or opportunity addressed and how that focus was determined.
 - ii. Describe the specific activities for which you seek a youth activities grant from the Community Pride Foundation.
 - iii. Who will carry out those activities?
 - iv. When do you plan to carry out those activities?
 - v. How does your proposal meet the Community Pride Foundation criteria?
 - vi. List other cooperating partner(s) participating in the activity, if any, and explain their role(s).
 - b. Continuation
 - i. Is this a one-time project or continuing program?
 - ii. If continuing, how will the program be sustained after the grant funding is expended?
2. Financial Information
 - a. Expense and revenue budget for program/project (use Project Budget Form)
3. Attachments
 - Letters of support from any cooperating partners (as indicated in section 2. a. iv.) and others, if applicable.
 - List of board members and volunteers.
 - Final report for previously funded grant, if applicable.

Instructions for Submitting an Application

Mail or email the complete application, including all attachments, to the address below:

Goshen County Chamber of Commerce
2042 Main Street, Torrington, WY 82240
sandy@goshenwyo.com

Review Process:

Community Pride Foundation acknowledges all proposals received. After initial review and to ensure proposals meet required criteria, they are forwarded to the Community Pride Foundation Grant Advisory Committee for review. The Advisory Committee reviews, evaluates and makes recommendations on all proposals. The advisory committee may directly contact applicants to make clarifying inquiries or request more information. Notification to applicants will be released within 45 days of the Grant Application Deadline.

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COVER SHEET

ORGANIZATION INFORMATION

Executive Director, President or Board Chair:			
Name of Organization:			
Address	City,	State,	Zip
Phone :	Fax :	Email:	
Website :		County :	
Geographic area served :		Number served :	
501 (c)(3)?	YES	NO	Date Incorporated: Tax ID or EIN :
If you are not an IRS identified 501 (c)(3) charitable Nonprofit, what type of agency are you?			

Organization Description

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PROPOSAL INFORMATION

Request Amount	\$	Project Budget	\$
Program or Project Title			
Primary Contact		Phone	
Address		Email	
City, State, Zip			

REQUIRED SIGNATURES

Signature of Executive Director, President, or Board Chair	Date
Print or Type Name	Date

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PROJECT BUDGET FORM

Applicant:	
Project:	
Time period this budget covers:	

Project Expenses: List expense items for this project in the table below.

Expense Item	Amount Requested from CPF	In-Kind Donations	Funding from other sources	Total Budget
Labor				
Travel				
Supplies				
Printing/Publishing				
Other (specify)				
Other (specify)				
Equipment				
Total Project Expense				

Provide the following details on a separate sheet, if applicable:

1. Please itemize expenses if necessary.
2. Please itemize in-kind donations here if any are listed above. Also indicate how amounts were estimated.
3. If your project budget exceeds the amount requested from CPF, please itemize \$ from other sources that will be used to support the project.
4. If you have requested funds to purchase equipment, please describe the equipment you wish to purchase and the estimated cost. Provide specifications and cost estimates.