

LANSDOWNE ALLIED YOUTH COUNCIL GRANT APPLICATION (GROUP)

Lansdowne Allied Youth Council Grants are given to non-profit organizations or individuals for the purpose of promoting cultural and social activities for the benefit of the youth of Lansdowne. The council will consider any proposal that will serve these goals.

NOTE: All grant requests must be received no later than November 1st in the year in which the application is made in order to be considered in that calendar year.

Forward the proposal to: Lansdowne Allied Youth Council
Grants Chairman
P.O. Box 311
Lansdowne, PA 19050

ORGANIZATION INFORMATION

Organization Name: _____

Organization Contact: _____
First Name Last Name

Contact Address: _____

City State Zip Code

Contact telephone: _____ **E-mail:** _____
(Area Code) Number

COLLABORATOR INFORMATION

Please give the names, positions, institutions, business address, and phone numbers for each collaborating individual and institution. Additional pages may be used if needed.

Total number of collaborators: _____ **Check box if there are no collaborators**
If none, please continue to the next section.

COLLABORATOR 1 **Name:** _____

Position and/or Institution: _____

Business Address: _____

City State Zip Code

Telephone: _____ **E-mail:** _____
(Area Code) Number

COLLABORATOR 2 **Name:** _____

Position and/or Institution: _____

Business Address: _____

City State Zip Code

Telephone: _____ **E-mail:** _____
(Area Code) Number

PROJECT INFORMATION

Project Title: _____

In the space below, please write a description of the project, which includes the following items: statement of need; objective of project to meet the need; and strategy to meet this objective.

Yes, it is covered for liability insurance.

Insurance Company Name: _____

Insurance Company Address: _____

City State Zip Code

Insurance Policy Limits: _____

Policy Number: _____ Expiration Date: _____

BENEFICIARIES

If grant is to be used to pay individual expenses, list names, ages, and home addresses of all individuals, and amounts received by, or applied for, each. **Must be Lansdowne residents.**
Use additional pages if needed.

BENEFICIARY 1 Name: _____ Age: _____

Beneficiary's home address: _____

City State Zip Code

Home telephone: _____
(Area Code) Number

Amount received/applied for: _____ Received
 Applied for

BENEFICIARY 2 Name: _____ Age: _____

Beneficiary's home address: _____

City State Zip Code

Home telephone: _____
(Area Code) Number

Amount received/applied for: _____ Received
_____ Applied for

BENEFICIARY 3 Name: _____ Age: _____

Beneficiary's home address: _____

City State Zip Code

Home telephone: _____
(Area Code) Number

Amount received/applied for: _____ Received
_____ Applied for

BUDGET

Please fill in applicable items only.

1. CONSULTANT HONORARIA TOTAL: \$ _____

List each by name: give number of days and honorarium rate (maximum of \$100/day)

Name: _____ Days: _____ Rate: _____
Name: _____ Days: _____ Rate: _____
Name: _____ Days: _____ Rate: _____

2. EQUIPMENT (I.E., RE-USABLE ITEMS) TOTAL: \$ _____

List each item, provide name of supplier, number of items requested.

Item: _____ Supplier: _____ Number: _____
Item: _____ Supplier: _____ Number: _____
Item: _____ Supplier: _____ Number: _____
Item: _____ Supplier: _____ Number: _____
Item: _____ Supplier: _____ Number: _____

3. SUPPLIES, MATERIALS, TEXTBOOKS TOTAL: \$ _____
(I.E., CONSUMABLE ITEMS)

List each item, provide name of supplier, number of items requested.

Item: _____ Supplier: _____ Number: _____
Item: _____ Supplier: _____ Number: _____

Item: _____ Supplier: _____ Number: _____
 Item: _____ Supplier: _____ Number: _____
 Item: _____ Supplier: _____ Number: _____

BUDGET (continued)

4. RENTALS TOTAL: \$ _____

List each item, provide name of supplier, and rental rate per hour or per day (please indicate).

Item: _____ Supplier: _____ Rate: _____
 per hour / per day
 Item: _____ Supplier: _____ Rate: _____
 per hour / per day

5. DUPLICATION, POSTAGE, AND SERVICES TOTAL: \$ _____

List each item, and explain briefly.

Item: _____
 Explanation: _____
 Item: _____
 Explanation: _____
 Item: _____
 Explanation: _____

6. OTHER EXPENDITURES TOTAL: \$ _____

List each item, and explain briefly.

Item: _____
 Explanation: _____
 Item: _____
 Explanation: _____

TOTAL FUNDS REQUESTED: \$ _____

(Maximum Grant Amount: \$1,500.00)

GRANT ACCEPTANCE CONTRACT

Amount of Grant: \$ _____

1. It shall be required that this money be placed in a separate account.
2. A financial statement will be required at the conclusion of this project.
3. A written evaluation of the results of this project shall be required. This may include an anecdotal response to the project or any other data that would support the conclusion that the project was successful.

I (We) agree to these terms of the grant and will report to Lansdowne Allied Youth Council.

Signed: _____

Date: _____

Printed Name: _____

Position: _____

Organization: _____

Attest: _____

Date: _____

Secretary, Lansdowne Allied Youth Council