

Iowa's Promise Youth Grant Program

sponsored by:

IOWA'S PROMISE
THE ALLIANCE FOR YOUTH



www.iowaspromise.org

In partnership with Iowa State University Extension / 4-H Youth Development

Due February 2, 2009

Attach letter of support from governing group of location or benefit of project and send to:
Iowa's Promise Youth Grant, Extension 4-H Youth Bldg—ISU, Ames IA 50011-3630
See "Iowa's Promise Youth" Grant program description for helpful information.

THIS APPLICATION SHOULD BE WRITTEN BY THE YOUTH IN CHARGE OF THE PROJECT.

Name of youth group: _____

County: _____

Project co-chair (youth) and complete address: _____

Project co-chair age: _____

Phone: _____ E-Mail: _____

Name of partnering group: _____

Project co-chair (partnering group) and complete address: _____

Phone: _____ E-Mail: _____

Has your group received an "Iowa's Promise Youth Grant" in the past? Yes No

Statement of Need: Describe your project in one or two sentences and why it is needed in your community.

Goals of Your Project: What knowledge, attitudes, and skills does your group expect to learn through this project?

Methods: Describe what you plan to do to accomplish your goals. Include a timetable of the project.

Please explain how this project relates to or will provide one (or more) of the Five Promises of America's Promise:

1. Caring Adults

2. Safe Places

3. Healthy Start

4. Marketable Skills

5. Opportunities to Serve

Involvement in project: What part will youth play in planning and carrying out the project? What will other individuals, service organizations, and agencies do on this project?

How do you hope this project will continue after this year of your involvement?

Evaluation: How will you measure the success of your project?

Proposed Budget: Give expected income and expense for this project. (See "Sample Budget" section of "Iowa's Promise Youth" Grant program description.)

Estimated Project Funding*		Estimated Project Expenses*	
Sources	Amount	Items	Amount
Grant requested (from "Iowa's Promise Youth" Grant program)			
Total			Total

*The two totals must be the same. Mark ** to indicate in-kind donations.

Signature of project co-chair: _____ *YOUTH* _____ *DATE*

Signature of project co-chair: _____ *PARTNERING GROUP* _____ *DATE*

(Add additional pages as needed for explanation, i.e.: timetable, budget, etc.)