

Application

Agency Information

Organization:

Organization Address:

Organization Address:

City: State: ZIP:

Primary Contact Name: email address:

Primary Contact Phone Number:

Secondary Contact Name: email address:

Secondary Contact Phone Number:

Name of the program: Targeted age group:

Organization Description:

Program Description

Program Name:

Projected number served:

Is your program available to low-income youth at free or reduced cost?

Evidence of need:

How does your project meet the criteria for the grant?

Type of program activity:

Where will your program take place?

Dates of program:

Total Amount Requested:

Outcomes

Please list 2 goals for the program.

1.

2.

What skills will youth take away from this program?

1.

2.