

The purpose of the YOUTH Mini Grant program is:

- To promote creativity and innovation
- To develop youth leadership and responsibility
- To encourage community service involvement
- To promote awareness of YOUTH and the Hillsdale County Community Foundation and how the group serves Hillsdale County

YOUTH will set aside a portion of its grant money each year for Mini Grants.

The Guidelines for YOUTH Mini Grants are as follows:

- The maximum grant request is \$500.
- For projects developed by youth ages 5-19 (grades K-12).
- Project ideas must be developed by the youth of the applying organization.
- A special Mini-Grant Application must be filled out by youth with minimal adult assistance (exceptions may be made for kindergarten and first grade age children).
- The applying organization shall be tax exempt according to Section 501(c)(3) of the Internal Revenue Code, an educational institution, or a governmental unit.
- The submitted project or program must benefit youth.
- Grant applications are due the first day of January, February, March, May, September,
   October and December.
- If requested, youth of the applying organization must make a presentation explaining their project to YOUTH members at the monthly meeting that follows the application date
- An organization can apply no more than one time in any year.
- A project can only be funded once.
- Grant requests for school trips **must** follow the guidelines for school trip requests (available on our website, www.abouthccf.org, or at the HCCF office).
- Applicants for school requests are encouraged to discuss the application with their school's YOUTH representative(s).
- Project must be approved by the Superintendent (for school requests), other organizations must have approval from the President or Executive Director.



## Hillsdale County Community Foundation YOUTH Mini-Grant Request Application

To be considered for a YOUTH Mini-Grant, you must complete this form. Application deadlines are the first day of the months of January, February, March, May, September, October and December.

Name of Project Leader (Youth):	Name of Organization:		
City: State: Zip: Phone Number: Email Address:  Name of Adult Project Leader: Address:  City: State: Zip:  Phone Number:  Email Address:  Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:			
City: State: Zip: Phone Number: Email Address:  Name of Adult Project Leader: Address:  City: State: Zip:  Phone Number:  Email Address:  Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:	Address:		
Email Address:			
Email Address:	Phone Number:		
Address: State: Zip:  Phone Number:  Email Address:  Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:			
City: State: Zip:  Phone Number:  Email Address:  Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:	Name of Adult Project Leader:		
Phone Number:  Email Address:  Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:	Address:		
Email Address:	City:	State:	Zip:
Signature of Approval (Superintendent for school requests, other organizations must have approval from the President or Executive Director)  Name: Title:	Phone Number:		
approval from the President or Executive Director)  Name: Title:	Email Address:		
		·	organizations must have

What is your project, and what is it that you will be purchasing or funding?

What is the total cost of your project?	
(Please include a detailed budget – use additional sheet if necessary.)	
Why are you doing this project?	
Who will benefit from this project?	
When will this project take place?	
Where will this project take place?	
If this is a school request, did you discuss this application with your school's YOUTH representative(s)? [] yes [] no	

Please return this application to:
YOUTH
Hillsdale County Community Foundation
PO Box 276
Hillsdale, MI 49242