**Jacki Carter Young People Who Care
Grant Award Application**



Date of Application \_\_\_\_\_\_\_\_\_\_

**About the Youth Project Leader**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Educational Setting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About the Project Leader’s Parent/Guardian. Please also refer to the Parental Permission Form and Publicity Release.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About the Project Mentor (if not the Parent/Guardian)**

We ask that you find a project mentor (an adult who will help you) who will support you in completing your project. Your project mentor can be anyone who is interested in your project and over the age of 18—a teacher, youth leader, coach, etc. While your mentor will help you and give you advice, please help your mentor understand that YOU are in charge of making all of the important decisions about your project.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About the Sponsoring Organization or School**

We require all applicants to be associated with a partner organization or school who will accept the grant funds for you. Some examples of sponsoring organizations include the Children’s Council, an animal shelter, a local food bank, or an environmental organization. If needed, the Youth Award Committee can provide suggestions of possible organizations to contact.

Organization/School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you find out about the Queen Anne’s County Young People Who Care Award?**

* Your School
* Community Organization
* Website
* Newsletter
* Social Media
* Newspaper
* Word of Mouth
* Other:

**All About Your Project (Feel Free to Use Another Sheet of Paper if Necessary)**

What is your idea for the Queen Anne’s County Young People Who Care Project? Look around your community and tell us about a problem or issue that you REALLY care about. What could YOU, together with your friends and your family do to make a BIG difference? How might YOUR project help you make a positive impact in your community? Be creative!

Please note: To be eligible to lead a Queen Anne’s County Young People Who Care Project, you must be a middle or high school student. Legally, if you are younger than 13, you must have your Parent/Guardian or Project Mentor help you prepare and submit the application.

1. What is the Name of Your Project? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Briefly describe your Young People Who Care Project. What are you planning to do? Whom will it benefit? Is this a one-time event or will it take place over a period of time? Where will the project take place? This is the most important question of the application. We need to understand exactly what it is you will do!.

\*\*\*Please Attach and Submit a Proposed Timeline for your Project. A sample timeline is included in the end of the application. This can be in bulleted or paragraph form. Please note that the project must be completed within 12 months of start date.

1. Why is your project important to the community? Use details to help us understand. Examples of things to include:
2. Why is your project needed?
3. Do you have statistics, data, surveys, etc. to support this?
4. How will it benefit the community?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why is this issue especially important to you?

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If you need help with your project, how will you recruit volunteers to help you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget**

**Expenses that this grant WILL fund:**

1. Recognition items (such as t-shirts, certificates, plaques, etc) and snacks/refreshments.
2. Materials you need to complete your service project (art supplies, seeds to plant, baskets to transport meals, etc.)
3. Local transportation for youth involved in service.
4. Postage, copying, and limited printing directly related to your project.
5. Reimbursement for direct expenses for a speaker, DJ, etc.

**Expenses that this grand WILL NOT fund**

1. Expensive equipment that will only be used once, like GPS or other technology. If the equipment will be used many times in the future, please be sure to explain that in your budget.
2. Direct payment to people, like hiring a DJ or paying someone to speak at or attend your event.
3. Any “miscellaneous expenses” that are not fully explained.
4. Any expenses not directly related to your project.

**Making a budget is easy! Just follow these directions:**

1. Refer to attached sample budget to use as a guideline.
2. On the second chart that says “Your Budget” input your budget expenses. Make sure that all of your expenses are things that this grant will fund (see above).
3. Be sure that your budget does not exceed $500.
4. Save the document.
5. Budget must be submitted with completed application.

**You are ready to submit your application! Please be sure that you have all of the following before submitting:**

1. Parent/Guardian Permission Form
2. This application.
3. Proposed Timeline
4. Proposed Budget

Incomplete applications will be disqualified.

You may email your application and additional documents to Angie Price at editorprice@gmail.com or mail it to Queen Anne’s County Department of Community Services, Jacki Carter Young People Who Care Award, Attn: Kelly Huber, 104 Powell St., Centreville, MD 21617.