

Dryden Youth Opportunity Fund
GRANT APPLICATION

The mission of DYOF is to encourage philanthropy and provide an investment vehicle for individuals seeking to provide resources for the long-term benefit of the youth in the Dryden community and to provide funding for innovative and creative programs and activities which go above and beyond the basic educational requirements of public education.

A. Application date:

Primary event contact person:

E-mail:

Address:

Phone #:

B. Group you are representing:

Director/Supervisor:

E-mail:

Address:

Phone #:

If you are partnering with others, please make sure all parties are in agreement with the application.

C. Project summary (description and timetable with expected dates of start and finish):

D. Project goals (Why do you wish to do this project?):

E. Who will be participating in this project and who will benefit from it? Approximately how many youth will benefit?

F. Where will it take place?

G. Will the project occur without this grant? If yes, what other specific sources of funding are you pursuing?

H. Generalize your expected expenses (ex. publicity, supplies, prizes, equipment).

I. Amount you are requesting: \$ _____ How will it be applied to your project?

J. By what date will you need the funding?

K. How did you learn about DYOF grants?

L. If the grant is approved, to whom should the check be issued and where should it be mailed?

I understand that I should credit DYOF for funding this project. I will submit a brief written summary within 60 days of project completion, and I will include examples of publicity and photos, when possible, showing how DYOF is credited. I understand that failure to complete this step may influence future funding opportunities. I understand that if it is necessary to make a change from the original DYOF-approved project that I must notify DYOF and receive board approval before using the granted funds.

I agree that information about this project may be used in DYOF publicity, including the use of project photos showing participating youth on the DYOF Facebook page.

Signature: _____

Proof of non-profit status or a tax-exempt certificate must be included with this form (except in the case of a sponsoring municipality or school district).

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(This portion to be filled out by DYOF.)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_