



This grant is made possible through a partnership with the City of Columbus.

## 2020 Youth/Community Empowerment Grant

### APPLICATION

Applications must be typed and completed on the form below.

SECTION I: ORGANIZATION	
1. Organization name:	
2. President/Chair/Executive Director:	
3. Address:	
4. City/State/Zip:	
5. Phone number:	6. E-mail:
7. Social media and or website address:	
8. Organization's mission:	
9. Neighborhoods currently served by the organization:	
10. Number of years the organization has been in operation:	
11. Is the organization a for-profit business ___ YES* ___ NO  *Note: for-profit businesses are not eligible for funding.	
12. Is the organization a 501(c) 3? ___ YES ___ NO	
13. Federal Tax ID:	
14. Organization's annual budget:	

**SECTION II: PROGRAM**

**1. Program name:**

**2. Program leader:**

**3. Phone number:**

**4. E-mail:**

**5. Program topic area (Please select one of the following)**

**Youth and Family Engagement:** Programs will support safe, thriving, healthy connected neighborhoods for all residents. Funded work will be responsive to the needs of Columbus residents. Grants will support initiatives that promote these values.

**Workforce Development:** Programs will help ensure that the city maintains a prepared workforce, one that is well-positioned to enhance their skills for the future of employment in Columbus.

**6. List the zip code(s) where the program will occur:**

**7. Funding request: \$**

Note: Grants shall not exceed \$25,000.00.

**8. Total budget for this program: \$**

**9. Do you have other funders for the program?  Yes  No**

**If yes, please list other funding sources and amounts:**

**10. Has any federal funding been received to pay for the work included in this application?  YES  NO**

**If yes, please explain:**

**11. Is this a new or existing program?  NEW  EXISTING**

**12 A. For new programs (Answer points a to e and then proceed to Section III):**

<b>(a) Expected start date of the program:</b>
<b>(b) Expected completion date of the program*:</b>
<b>*Note: all work paid for by this grant must be completed by November 30, 2020</b>
<b>(c) Describe the program to be funded (400 word maximum):</b>
<b>(d) Provide an itemized list of how funds from this grant program will be used.</b>
<b>(e) All Grantees will be required to report program outputs between when the grant is awarded and November 30, 2020. What data can be collected and how will success of the proposed program be measured (250 word maximum)?</b>
<b>12 B. For existing programs (Answer points a to f and proceed to Section III.)</b>
<b>a. Describe the program to be funded (400 word maximum).</b>
<b>b. How long has the program been in operation? ___ Years</b>
<b>c. When will the program be completed*?</b>
<b>*Note: all work paid for by this grant must be completed by November 30, 2020</b>
<b>d. Provide an itemized list of how funds from this grant program be used (see attached list of eligible expenses):</b>

**e. Is the proposed program currently operating in the proposed geography: \_\_\_\_  
Yes \_\_\_\_ No**

**If yes, please describe the number of individuals engaged in the program, results achieved so far and any neighborhood based organizations you work with (400 word maximum):**

**If no, describe what experience does the organization have working in the target geography and or what relationships does the organization have with residents and or neighborhood based organizations in the focus area (400 word maximum):**

**f. All Sub Grantees will be required to report program outputs during the grant funding timeframe? What data is collected? How is success measured?**

**Section III: Signature**

**I certify that the information provided above is correct and that I have the authority to submit this application for funding on behalf of my organization.**

**Name:**

**Title:**

**Date:**