

# LANSDOWNE ALLIED YOUTH COUNCIL GRANT APPLICATION (GROUP)

Lansdowne Allied Youth Council Grants are given to non-profit organizations or individuals for the purpose of promoting cultural and social activities for the benefit of the youth of Lansdowne. The council will consider any proposal that will serve these goals.

**NOTE:** All grant requests must be received no later than November 1<sup>st</sup> in the year in which the application is made in order to be considered in that calendar year.

Forward the proposal to: Lansdowne Allied Youth Council  
Grants Chairman  
P.O. Box 311  
Lansdowne, PA 19050

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Organization Contact: \_\_\_\_\_  
First Name Last Name

Contact Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Contact telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number

## COLLABORATOR INFORMATION

*Please give the names, positions, institutions, business address, and phone numbers for each collaborating individual and institution. Additional pages may be used if needed.*

Total number of collaborators: \_\_\_\_\_  Check box if there are no collaborators  
If none, please continue to the next section.

COLLABORATOR 1 Name: \_\_\_\_\_

Position and/or Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number

COLLABORATOR 2 Name: \_\_\_\_\_

Position and/or Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Area Code) Number

## PROJECT INFORMATION

Project Title: \_\_\_\_\_

*In the space below, please write a description of the project, which includes the following items: statement of need; objective of project to meet the need; and strategy to meet this objective.*

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How many paid staff will be involved directly with this program? \_\_\_\_\_

How many volunteers, or unpaid staff, will be involved? \_\_\_\_\_

What is the ratio of children per:

- a. Paid Staff? \_\_\_\_\_ to 1
- b. Volunteers? \_\_\_\_\_ to 1
- c. Over All? \_\_\_\_\_ to 1

Is a charge made to each child, and what is the charge or charges?

- No, there is no charge for each child.
- Yes, for each child there is a charge of: \_\_\_\_\_

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**PROJECT INFORMATION (continued)**

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Is this program connected with any governmental body or non-profit corporation?

- No, it is not connected with a governmental body or non-profit corporation.
- Yes, it is connected with: \_\_\_\_\_  
Name of governmental body/non-profit corporation

Is this program certified by any governmental body?

- No, it is not certified by any governmental body.
- Yes, it is certified by: \_\_\_\_\_  
Name of governmental body providing certification

Is this organization covered by liability insurance for injury to children participating in this program?

- No, it is not covered by liability insurance.

Yes, it is covered for liability insurance.

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Insurance Policy Limits: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## **BENEFICIARIES**

If grant is to be used to pay individual expenses, list names, ages, and home addresses of all individuals, and amounts received by, or applied for, each. **Must be Lansdowne residents.**  
*Use additional pages if needed.*

**BENEFICIARY 1** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Beneficiary's home address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Home telephone: \_\_\_\_\_  
(Area Code) Number

Amount received/applied for: \_\_\_\_\_  Received  
 Applied for

**BENEFICIARY 2** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Beneficiary's home address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Home telephone: \_\_\_\_\_  
(Area Code) Number

Amount received/applied for: \_\_\_\_\_  Received  
\_\_\_\_\_  Applied for

**BENEFICIARY 3** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Beneficiary's home address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Home telephone: \_\_\_\_\_  
(Area Code) Number

Amount received/applied for: \_\_\_\_\_  Received  
\_\_\_\_\_  Applied for

## **BUDGET**

*Please fill in applicable items only.*

**1. CONSULTANT HONORARIA TOTAL: \$ \_\_\_\_\_**

List each by name: give number of days and honorarium rate (maximum of \$100/day)

Name: \_\_\_\_\_ Days: \_\_\_\_\_ Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Days: \_\_\_\_\_ Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Days: \_\_\_\_\_ Rate: \_\_\_\_\_

**2. EQUIPMENT (I.E., RE-USABLE ITEMS) TOTAL: \$ \_\_\_\_\_**

List each item, provide name of supplier, number of items requested.

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

**3. SUPPLIES, MATERIALS, TEXTBOOKS TOTAL: \$ \_\_\_\_\_  
(I.E., CONSUMABLE ITEMS)**

List each item, provide name of supplier, number of items requested.

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_  
 Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_  
 Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Number: \_\_\_\_\_

**BUDGET (continued)**

**4. RENTALS TOTAL: \$ \_\_\_\_\_**

List each item, provide name of supplier, and rental rate per hour or per day (please indicate).

Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Rate: \_\_\_\_\_  
 per hour / per day  
 Item: \_\_\_\_\_ Supplier: \_\_\_\_\_ Rate: \_\_\_\_\_  
 per hour / per day

**5. DUPLICATION, POSTAGE, AND SERVICES TOTAL: \$ \_\_\_\_\_**

List each item, and explain briefly.

Item: \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**6. OTHER EXPENDITURES TOTAL: \$ \_\_\_\_\_**

List each item, and explain briefly.

Item: \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**TOTAL FUNDS REQUESTED: \$ \_\_\_\_\_**

(Maximum Grant Amount: \$1,500.00)

**GRANT ACCEPTANCE CONTRACT**

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Amount of Grant: \$ \_\_\_\_\_

- 1. It shall be required that this money be placed in a separate account.
  
- 2. A financial statement will be required at the conclusion of this project.
  
- 3. A written evaluation of the results of this project shall be required. This may include an anecdotal response to the project or any other data that would support the conclusion that the project was successful.

I (We) agree to these terms of the grant and will report to Lansdowne Allied Youth Council.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

**Attest:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Secretary, Lansdowne Allied Youth Council