

**LEE COUNTY YOUTH SERVICES, INC.  
GRANT APPLICATION COVER SHEET**

**ORGANIZATION:**

**ADDRESS:**

**FEDERAL ID#:**

**501 C3 TAX EXEMPT STATUS YES NO**

**NAME and TITLE OF PROJECT MANAGER:**

**PHONE: FAX: E-MAIL:**

**NAME OF PROJECT:**

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**CERTIFICATION: This is to certify that I am duly authorized to commit and will comply with the provisions set forth in this proposal for funding.**

**SIGNATURE:**

**TITLE:**

**DATE:**

**LEE COUNTY YOUTH SERVICES, INC.**

**Mission Statement**

Lee County Youth Services, Inc., will provide opportunities for Youth in need and those who serve them. We are committed to a program of social responsibility and community involvement/education.

**GRANT APPLICATION**

Please send completed application to:

Lee County Youth Services, Inc.

P.O. Box 374

Fort Madison, IA 52627

The original application and nine (9) copies must be received by:

**October 12, 2012**

Approved applicants will be notified by **December 1, 2012**

**INTRODUCTION:**

Lee County Services, Inc. is offering grants of **up to \$5.000** per year to eligible, not for profit, 501 C 3 organizations who serve eligible youth ages 6-18, residing in Lee County, Iowa. **Priority will be given to programs and/or services which help address, Social, Economic and Educational Issues.**

Please Limit Responses to Two (2) pages or less.

**SECTION 1:**

Please describe your program and state who will benefit from it, why it is needed and when it will be implemented.

**SECTION II:**

Please describe how this program/service will be integrated with other existing programs and services in the community.

**SECTION III:**

What are the goals and objectives of this program/service?

**SECTION IV:**

How will this program/service be monitored and evaluated?

**SECTION V:**

If your organization is applying for Year 2 of funding, please provide a brief summary of Year 1 fund utilization and the impact use of funds had.

**SECTION VI:**

Please describe how your program/service will be sustained beyond the end of the term of your grant with Lee County Youth Services, Inc.

**SECTION VII: PROPOSED BUDGET (separate Page)**

**Complete Items as applicable**

Salaries:

Personnel Benefits:

Contract Services:

Travel:

Equipment:

Supplies and Operating Expenses:

Training and Professional Development:

Marketing/Advertising:

Administration and Other Expenses:

**TOTAL FUNDING REQUESTED:** \_\_\_\_\_

**SUMMARY: (Optional)**

**Please limit to Two (2) Paragraphs**