

# LEE COUNTY YOUTH SERVICES, INCORPORATED

P.O. BOX 374 FT. MADISON, IA 52627

## 2013 GRANT APPLICATION (Deadline is October 1, 2013)

### 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.”

### INTRODUCTION

Lee County Youth Services, Inc. is offering grants of up to \$5000 per year to eligible, not for profit, 501C3 organizations who serve eligible youth ages 6 – 19, residing in Lee County, Iowa. Priority will be given to programs and/or services which help address social, economic, and educational issues.

Please send **9 copies** of this completed application and supporting documents to **Lee County Youth Services, Inc. at P.O. Box 374, Ft. Madison, IA 52627**. Application must be postmarked on or before **October 1, 2013** to be accepted. Approved applicants will be notified by November 15, 2013.

ORGANIZATION:

NAME OF PROJECT:

NAME AND TITLE OF PROJECT MANAGER:

ADDRESS:

PHONE:

FAX:

EMAIL:

FEDERAL ID#

501C 3 TAX EXEMPT STATUS:

YES

NO

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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:

**Please limit responses to two (2) pages or less.**

1. Please describe your program and state who will benefit from it, why it is needed, and when it will be implemented. Please list the number of children that will benefit from this program.
2. Please describe how this program/service will be integrated with other existing programs and services in the community.
3. What are the goals and objectives of this program/service?
4. How will this program/service be monitored and evaluated?
5. 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.
6. Please describe how your program/service will be sustained beyond the end of the term of your grant with Lee County Youth Services, Inc.
7. Proposed budget:  
*Complete 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