

St. Charles Youth Commission

A community effort linking city government to the people it serves



All Challenge Grant application ideas/proposals **MUST** originate from St. Charles Youth.

All requests must be submitted on the following forms for funding consideration.

Contact Nancy McFarland for additional information at
(630) 377-7059

St. Charles Youth Commission

211 N. Riverside Avenue
St. Charles, Illinois 60174
630-377-4435

CHALLENGE GRANT 2014-2015
INFORMATION

It is the belief of the St. Charles Youth Commission that our young people have insights into both the issues that impact our youth and ideas to bring about positive change.

Please answer the following grant criteria by writing neatly or typing your answers on the following pages. **DO NOT INCLUDE YOUR NAME(S), SCHOOL OR GROUP IDENTITY IN ANY OF YOUR ANSWERS TO ITEMS 2-7.**

1. INFORMATION

This page should be the only page to contain your name(s), school or group that is submitting this grant request.

2. IDENTIFIED NEED

Please write one paragraph stating a need you see in our community and describe how you and your youth group could make a positive impact.

3. THE PROJECT

In one paragraph, describe your project and how it will address your identified need.

4. PROJECT GOALS

Describe the goals of your project.

5. MOTIVATION

In one paragraph describe what has motivated you to develop this project and why your project would be a positive contribution to our community.

6. BUDGET AND TIMELINE

Please provide a proposed budget of what you estimate your expenses will be as well as a timeline for the implementation and completion of your project.

7. MEASUREMENT OF PROJECT SUCCESS

Provide details for how you will measure the success of your stated goals.

NOTE: A report back to the Youth Commission is considered an essential part of the Challenge Grant. This report should include an accounting of how your funds were spent. You will be invited to present your completed project to the Youth Commission and share your experience.

St. Charles Youth Commission 2014-2015 Challenge Grant Application

Application # _____

1. INFORMATION

Please write neatly or type your application following the criteria requested on each page.
DO NOT INCLUDE YOUR NAME(S) OR GROUP IDENTITY ON ANY OTHER PAGES. To remain fair in our selections, we blindly evaluate each application.

Name(s) and age(s) of applicant(s): _____

Group (if applicable): _____

Name(s) of adult(s) involved with your project: _____

Contact

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

All applications must be postmarked no later than December 1, 2014. Please return all pages to:

**St. Charles Youth Commission
c/o St. Charles Police Department
211 N. Riverside Avenue
St. Charles, IL 60174**

Application # _____

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