

# CFGRB Teens for Tomorrow Grant Application 2017

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*Community Foundation of the Great River Bend Grants*

## *Organization Information*

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Teens for Tomorrow Grants support projects that improve the Quad Cities in the focus areas chosen each year by Teens for Tomorrow members.

In 2017, T4T grants will focus on the areas of **Education**, **Hunger**, **Mental Health**, and **Refugee Services**.

To learn more about Teens for Tomorrow grants, visit [www.cfgrb.org/t4tgrants](http://www.cfgrb.org/t4tgrants).

To learn more about the Teens for Tomorrow youth philanthropy program, visit [www.cfgrb.org/t4t](http://www.cfgrb.org/t4t).

### **Organization Mission and Purpose\***

What is your organization's mission statement? Please provide a brief, one-paragraph description of the services your organization provides to carry out this mission.

*Character Limit: 1000*

### **Categorize Project\***

Primary Program Area:

#### **Choices**

Education

Hunger

Mental Health

Refugee Services

### **Geographic Area\***

Select the area that this project serves. Only organizations or projects located in Rock Island County, Illinois and/or Scott County, Iowa are eligible for this grant program.

#### **Choices**

Rock Island County, Illinois

Scott County, Iowa

Both

### **Geographic Area Specific**

If your project will serve a specific area within the Quad Cities, please tell us where.

*Character Limit: 100*

## Board of Directors/Trustees Listing\*

Please upload a listing of the names of your organization's board of directors.

**Attachments must be in Word or PDF format.**

*File Size Limit: 3 MB*

## Project Questions

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### Project Name\*

Name of Project

*Character Limit: 100*

### Project Synopsis\*

Please provide a very short synopsis of your project. This brief paragraph (approximately three sentences) will appear on a summary spreadsheet of grant applications used by our grants committee and should include the main points you want them to remember. It is fine to re-use a portion of the text from your project description below.

*Character Limit: 500*

### Project Description\*

Please describe the project you will accomplish with this grant, making sure to include an answer to each question.

- What community need does this project address?
- What specifically will you do with these grant funds?
- How will you carry out this project?
- When will this project take place and be completed?

*Character Limit: 2500*

### Personal Story\*

Please tell us the story of a person who has been, or will be, impacted by this project. Feel free to change the name or details to protect the person's privacy.

*Character Limit: 1000*

### Project Goals & Past Success\*

What specific goals with this project achieve, and what changes will it bring to the people you serve or the community? What past successes of your organization or program show that this project will be successful?

*Character Limit: 1000*

## Resources\*

What other resources, including community partnerships, funding sources, and/or volunteer resources, will you utilize to ensure this project is a success?

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## Financial Questions

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### Amount Requested\*

\$2,500 is the maximum possible grant amount.

*Character Limit: 20*

### Total cost of the project\*

*Character Limit: 20*

### Project budget\*

Please attach a line item project budget that lists all **expenses** for your project, as well as all **revenue** to be used to pay for your project. Please include:

- \* the specific purpose of the Teens for Tomorrow funds,
- \* the sources of other funds to be used for the project, and
- \* whether other sources of funds are requested or committed.

**Attachments must be in Word or PDF format.**

*File Size Limit: 5 MB*

## Site Visit Information

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Teens for Tomorrow members will contact each applicant to schedule a site visit in March or April 2017. Site visits will consist of 3-5 Teens for Tomorrow members visiting the organization for no more than one hour.

We know your time is valuable and we appreciate your staff or volunteers helping us understand your application by providing a tour and answering the members' questions about your project.

### Site Visit Contact

Please provide the name, title, phone number, and email address of **two people**: 1) the **person that should be contacted** to schedule the site visit, and 2) an **alternate** who may be contacted if that person cannot be reached.

*Character Limit: 500*

### Site Visit Location

Please provide the location and address where the site visit will take place.

*Character Limit: 500*

## Application Submission

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### Opportunities for T4T Involvement

T4T would like to do a volunteer project in late summer 2017 with one of our grantees. This would involve 20-30 teen members as a kickoff to our 2017-2018 school year. If your organization is one of our grantees, what might be some options for a volunteer project to further your mission? (If you cannot use volunteers this way, that's okay. This will not be used to judge your application - it just helps us plan for the future.)

*Character Limit: 1000*

### Approximately how long did it take you to complete this application?\*

*Character Limit: 100*

### How did you hear about this grant opportunity?\*

*Character Limit: 200*

### Contact Information for Grant Check\*

Please enter the name, address, phone number, and email address for the person to whom the grant check should be sent. If same as applicant, enter "same as applicant contact information."

*Character Limit: 500*

### By clicking Submit Form, I agree that:

- I have read and understand the grant guidelines.
- I am authorized by my organization to apply for this grant.
- When a grant check is cashed, my organization is obligated to use it for the purpose given in this application. If any funds are not spent for the purpose given in this application, they must be returned to the Community Foundation.
- I will provide a report on the project within **six months** of receiving the grant. If the project is ongoing, I will provide an interim report.