

**CHESTER YOUTH COLLABORATIVE**  
**YOUTH FUND MINI-GRANT APPLICATION**

**Please mail or fax completed application and supporting materials to:**

**The Wellness Center  
ATTN: Janet S. Riley Ford, Program Director  
Chester Youth Collaborative  
2600 W. 9<sup>th</sup> Street  
Chester, PA 19013  
Fax- (610) 497-7438**

**Applications must be received by 5:00 PM on July 3, 2009 to be considered.**

## **I. HISTORY OF CHESTER YOUTH COLLABORATIVE**

In December of 2004, the William Penn Foundation provided the initial three-year funding for the development of the Chester Youth Collaborative (CYC). In March 2008, the William Penn Foundation provided the Chester Youth Collaborative with the second three-year grant for the establishment of a youth development system. The vision of the Chester Youth Collaborative is **to promote a strong Chester community in which all youth reach their full potential and successfully transition into adulthood.** The mission of the Collaborative is **to improve the quality of life and increase the opportunities available to youth between the ages of 12-22 in the city of Chester,** by supporting existing programs, and working with local youth/adults, and business/government entities. Individuals interested in the welfare of Chester youth can participate in one of four primary CYC groups: Youth Council, Community Council, Youth Serving Organization Council, and Advisory Council. Individuals may also work as part of four CYC committees: Policy & Legislation, Planning & Development, Outreach & Communication, and Governance & Sustainability.

The Chester Youth Collaborative supports capacity building efforts for youth serving organizations in the city of Chester through its Youth Fund. Eligible youth serving organizations are able to apply for mini-grants with the ability to reapply for funding throughout the duration of the Chester Youth Collaborative based upon successful completion of the specified requirements. Groups not eligible for funding can still participate in the trainings, technology implementation and other activities of the Chester Youth Collaborative as an unfunded member.

Trainings/workshops encompass (but are not limited to) the following areas:

- Youth Leadership & Engagement
- Program Quality
- Organizational Development
- Strategic Planning & Outcomes Measurement
- Grants Management
- Fundraising

**II.** Organizations **eligible** to apply for funding from The Chester Youth Collaborative Youth Fund for Year 5 (August 2009 – July 2010) must:

- Operate programs that serve Chester youth (between the ages of 12-22)
- Operate year-round programs that run at least 2 hours per day; and 3 days per week.
- Have completed or agree to complete the Program Quality Rubric with the United Way of Southeastern PA's Center for Youth Development (UWSEPA CYD).
- Submit completed applications, cover sheet, financial update, membership agreement, and Chester Core Standards Self-Assessment by: **Friday, July 3, 2009 by 5:00 pm.**
- Provide two letters of support representing youth voice and parental engagement.
- Agree to complete the requirements for year five funding cycle.

## **II. MINI-GRANT ELIGIBILITY and FUNDING REQUIREMENTS**

### **A. Organizations receiving funding from the Chester Youth Collaborative's Youth Fund are required to:**

- Participate in at least 75% of the monthly Youth Serving Organization meetings to share successes and steer the planning process. (*Time span for monthly meetings is approximately 2 hours.*) Monthly meetings are held on the 4<sup>th</sup> Tuesday of each month from 11:30 am – 1:30 pm. The first meeting of Year 5 funding cycle commences in August 2009.
- Participate in training and technical assistance provided by the UWSEPA CYD. As part of the technical assistance process, periodic quarterly trainings as well as follow-up meetings will be conducted in order to assess increased program quality and capacity. (Time commitment for trainings is approximately 20-30 hours per year). Training is mandatory, an \*appropriate representative from each organization is required to attend.)
- Participate in annual assessments. (Assessments may include self assessments, program observation and interviews with key staff and participants to ensure program quality.) Assessments will be coordinated by United Way of Southeastern PA's Center for Youth Development.
- Participate in data collection necessary to evaluate the success of the Chester Youth Collaborative. (i.e. reports tracking attendance and referrals of youth participants using the ETO database system; youth surveys facilitated by Branch Associates.)
- Provide opportunities for youth to intern, shadow, and/or serve in prominent positions within your organization (i.e. boards, advisory committees, etc.)
- **Adhere to other requirements as specified by the William Penn Foundation.**

\* (An Appropriate Representative includes a current agency staff member and /or agency board member.)

*A review committee from The Chester Youth Collaborative Board is responsible for all decisions regarding an organization's eligibility for funding.*

## **III. FUNDING/DISBURSEMENT CYCLE**

Mini-grants made through the Youth Fund are awarded in the amount of \$7500.00 (dependent upon available funding) and will be released as follows:

### **Year 5: August 2009- July 2010**

- Award letters sent by August 5<sup>th</sup> 2009 (Dependent upon completion of grant application and completion of previous year's funding requirements for previous grantees.)
- 1<sup>st</sup> Installment: September 2009 - \$3750.00 (Dependent upon receipt of award letter)
- 2<sup>nd</sup> Installment: March 2010 - \$3750.00 (Dependent upon timely completion of data collection, trainings, meeting attendance, and funding availability.)

## **IV. USE OF FUNDS**

Funds from the Youth Fund may be used at the discretion of the individual organization. Checks will **only** be made payable to the organization (not to individuals).

**CHESTER YOUTH COLLABORATIVE  
ORGANIZATIONAL COVER SHEET**

(Note: Cover Sheet must accompany all grant applications)

**Name of Organization:** \_\_\_\_\_

**Name of Fiscal Sponsor** *(if applicable)*: \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Name of Primary Contact:** \_\_\_\_\_

**Organizational Title:** \_\_\_\_\_

**Address** *(if different from above)*: \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name of Secondary Contact:** \_\_\_\_\_

**Organizational Title:** \_\_\_\_\_

**Address** *(if different from above)*: \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
*(Print) Name of Applicant*

\_\_\_\_\_  
*(Print) Title*

\_\_\_\_\_  
*Signature of Applicant*

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

**CHESTER YOUTH COLLABORATIVE GRANT APPLICATION**

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*(Print) Name of Organization*

**Do you have a 501(C) (3)?**                      Yes \_\_\_\_\_ No \_\_\_\_\_

If “No”, do you have a fiscal sponsor with a 501 (C) (3)?    Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, please list fiscal sponsor: \_\_\_\_\_

**Please state your organization’s mission:**

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**Number of years your organization has served Chester youth:** \_\_\_\_\_

**Purpose of grant:** *(please choose from the following):*

General operating support: \_\_\_\_\_                      Administrative costs: \_\_\_\_\_  
Program implementation: \_\_\_\_\_                      Staff development: \_\_\_\_\_

**Please provide a brief description of the programs your agency operates that serve youth between the ages of 12 – 22:** *(Use additional paper if necessary.)*

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**Within your organization do you presently have any of the following?**

Formal Board	Yes _____	No _____
Parent Advisory Council	Yes _____	No _____
Youth Advisory Council	Yes _____	No _____

**If you answered “No” to any of the above Please explain:** \_\_\_\_\_

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Would you be interested in forming any of these groups? *(Be specific)*

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**If you answered “Yes”, would you assist another organization with the formation of these group(s)?**  
*Please explain:*

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**Does your organization utilize volunteer services? If yes, in what capacity?**

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**What are your organization’s primary training and financial needs?**

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**Please complete the following section:**

Number of youth served July 2008 - June 2009 \_\_\_\_\_

Projected number of youth to be served July 2009 – June 2010 \_\_\_\_\_

**List three (3) primary goals for your youth program in the upcoming year.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Please list at least three (3) internal assets that your organization would be willing to share with partnering agencies (i.e. meeting space, recreation area, computer lab, grant writing expertise, etc.).**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Is your organization willing to partner with other youth serving agencies to effectively meet the needs of Chester youth?** \_\_\_\_\_

*Please Explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(Print) Name of Applicant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*(Print) Name of Organization*

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

## Financial Update for July 2008- June 2009

**1. Total operating costs for July 2008- June 2009, for actual program for which funds are being requested (include itemized budget)**

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**2. Please indicate how these program costs were utilized (i.e. salaries, travel, rent, maintenance, office equipment, office supplies, etc.)**

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**3. Did your agency receive in-kind contributions for this program? \_\_\_\_\_**  
If so, how were these resources utilized? \_\_\_\_\_

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**4. Does your agency contract with other agencies for funding for this program? \_\_\_\_\_**  
If so, in what capacity? \_\_\_\_\_

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**AGREEMENT FORM**

*(Please initial each item, sign, and return with application and cover sheet by 5:00 pm, 7/3/09.)*

**The following is a list of requirements that must be met in order to receive funds from the Chester Youth Collaborative Youth Fund:**

\_\_\_\_\_ Participate in at least 75% of the monthly Youth Serving Organization meetings to share successes and steer the planning process. *(Time span for monthly meetings is approximately 2 hours.)* Monthly meetings are held on the 4<sup>th</sup> Tuesday of each month from 11:30 am – 1:30 pm. The first meeting of the 2009- 2010 funding cycle commences in August 2009.

\_\_\_\_\_ Participate in training and technical assistance provided by the United Way of Southeastern PA’s Center for Youth Development (CYD). As part of the technical assistance process, periodic quarterly trainings as well as follow-up meetings will be conducted in order to assess increased program quality and capacity. *(Time commitment for trainings is approximately 20-30 hours per year). As training is mandatory, an \*appropriate representative from each organization is required to participate.) \* (See page 3)*

\_\_\_\_\_ Participate in annual assessments. *(Assessments may include program observation and interviews with key staff and participants to ensure program quality.)* Assessments will be coordinated by United Way of Southeastern PA’s Center for Youth Development.

\_\_\_\_\_ Participate in the data collection process necessary to evaluate the success of the Chester Youth Collaborative:

- Complete monthly reports using the ETO database system tracking enrollment, attendance, and referrals.
- Participate in YDI Youth Outcome Study (facilitated by Branch Associates)
- **Increase recruitment** and/or **retention** of youth participants annually.
- **Complete assessments** for at least 30% of youth participants annually.
- **Increase** the number of youth participants connected/**referred** to other CYC organizations by 10% annually.

\_\_\_\_\_ Provide opportunities for youth to intern, shadow, and/or serve in prominent positions within your organization (i.e. board membership, advisory committees, etc.)

\_\_\_\_\_ Adhere to other requirements as specified by the William Penn Foundation.

**I have read, understood and hereby agree to the conditions listed above.**

\_\_\_\_\_  
*(Print) Name of Organizational Head*

\_\_\_\_\_  
*Signature of Organizational Head*

\_\_\_\_\_  
*(Print) Name of Organization*

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