

Youth Empowerment Project

Guidelines and Application

The Youth Empowerment Project (Y.E.P.) Board is a group of Clinton High School students from the START/Rotary Interact group. Y.E.P.'s goal is to teach high school students about charitable giving and community service. The program has funds that are to be distributed by the students through grants.

The following are the requirements used in review of grant applications:

1. Project proposal requests should not exceed \$250.00.
2. The project should benefit classroom students or programs.
3. Grants should be developed as much as reasonably possible by the youth organization, class or group making the request.
4. A representative will be asked to present a short overview of the project at a START meeting and accept the funds after the grant is awarded.

Your organization will be notified as soon as possible after the application deadline of the Board's decision. Please note that submitting an application does not guarantee funding. The application should be given directly to a Y.E.P. representative or mailed or delivered to:

**Youth Empowerment Program
% Clinton Area Chamber of Commerce
200 South Main
Clinton, MO 64735**

Name of group requesting funds: _____ Date: _____

Contact Person: _____ Telephone #: _____

Address: _____

Amount Requested: _____

The following information must be attached with the application:

1. Describe your school or organization (include Mission Statement if applicable):
2. Describe the project including the group of people affected, urgency of funds and long-term goals:
3. How will the requested funding be used to accomplish your project goals?
4. Do you have support, services material or funding from other sources for your project? Is there an opportunity for a matching grant with another grantmaking organization?
5. Upon completion of your project, how will you evaluate the results/success of your project?
6. Please include a detailed expense report for the items necessary for your project.

The signature below indicates that all money received will be used for the purpose stated above:

Name of Teacher/Director: (Please print) _____

Signature: _____ Date: _____

Send completed application and attachments to:

**Youth Empowerment Program
% Clinton Area Chamber of Commerce
200 South Main
Clinton, MO 64735**