

## SUMMER YOUTH PARTNERSHIP MINI-GRANT PROGRAM

### Program Information & Eligibility

The Summer Youth Partnership offers small grants, averaging \$500, to nonprofits serving **Humboldt, Del Norte & Curry County** youth for programs offered between June 1 and September 1. Grant resources are limited. Funding is stretched to meet the needs of as many valuable summer programs as possible. Requests over \$500 will be considered for programs with special needs.

The spirit of this grant is to inspire and support all of the activities that make summer programs in our communities a success. We seek to enhance what is already been accomplished prior to this grant. Programs must meet the guidelines and restrictions provided by the California or Oregon Department of Health to prevent the spread of Covid -19. Travel outside of the region for summer activities and summer camps will not be funded. Our committee will consider each application and prioritize funding based on the following criteria:

- Program serves a high number of low-income, disabled or otherwise disadvantaged youth,
- Program serves youth in an outlying area with few summer alternatives for productive activities,
- Program operating hours are extensive throughout the summer (i.e. every week-day all summer),
- Program serves extremely high numbers of youth,
- Program serves an at risk youth population,
- Programs that provide camperships / scholarships,
- Programs that have multiple funding sources

The committee may also award additional funding to:

- Organizations that provide a large number of scholarships to their Summer Program,
- Organizations that have a Summer Program that requires no fee,
- Organizations that make good use of available resources and/or collaboration,
- Organizations with programs that provide developmental and not just recreational opportunities,
- Organizations that request items that help ensure the safety of their program's participants.

Grants to organizations that will be using funds to provide assistance for low income children will be weighted based on the criteria that is used to award scholarships. The committee encourages such programs to follow the State Income Guidelines for 2020 as published by the Department of Housing and Community Development. Ex:

Income Category	Number of Persons in Household					
	2	3	4	5	6	7
Extremely Low	17,240	21,720	26,200	30,680	35,160	39,640
Very Low	28,000	31,500	34,950	37,750	40,550	43,350
Low	44,750	50,350	55,900	60,400	64,850	69,350

**Deadline: Monday, May 3, 2021.** Application and questions may be submitted to [Grants@HAFoundation.org](mailto:Grants@HAFoundation.org). Alternatively, a *single sided, non-stapled, paper copy* application with a May 3 postmark may be sent to:

Humboldt Area Foundation  
363 Indianola Road  
Bayside, CA 95524

## SUMMER YOUTH PARTNERSHIP MINI-GRANT PROGRAM

### Summer Youth Mini-Grant Application

*Only one request per organization will be accepted*

For what Region are you applying	Humboldt County <input type="checkbox"/>			Del Norte County <input type="checkbox"/>			Curry County <input type="checkbox"/>		
Organization Requesting Funding:									
Brief Description of Organization:									
Primary Contact:					Title:				
Mailing Address:									
Phone Number:					Email:				

*Who should the public contact to access your Summer Youth Assistance program ( if different from above ) ?*

Name:				Title:			
Phone:			Address:				

#### Which of the following best describes your organization?

- A nonprofit organization with 501(c)3 status - EIN: \_\_\_\_\_
- A public school, government agency, or Tribal government
- A community group with a qualified nonprofit fiscal sponsor  
Fiscal Sponsor's Name and EIN: \_\_\_\_\_

- A community group with a qualified public school, government agency, or Tribal government fiscal sponsor  
Fiscal Sponsor's Name: \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Geographic area your program will serve:** \_\_\_\_\_

#### Approximate total number of youth anticipated for your 2021 summer program (by age group):

(0-5):		(6-10):		(11-14):		(15-18):		TOTAL:		<b>Total* Scholarships:</b>	
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#### For Office Use Only

Program Officer: CWO _____	Committee: SYP _____	Fund ID: _____
Review Date: _____	Action: _____	Profile #: _____
	Amount: _____	Grant #: _____
		Batch #: _____
Program Area: <input type="checkbox"/> ANML <input type="checkbox"/> COMM <input type="checkbox"/> ARTS <input type="checkbox"/> ENV <input type="checkbox"/> HEAL <input type="checkbox"/> TA <input checked="" type="checkbox"/> YUTH		

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### Project Narrative

Please answer all of the following questions in detail using the space provided below; limit your narration to this page **only**. Attach any information you have that will help us understand your program (flyer, application, etc.).

1. Description of Summer Program and how it fulfills a recreational and/or youth developmental need:
2. What safety measures and procedures will you implement to meet the guidelines and restrictions provided by the California or Oregon Department of Health to prevent the spread of Covid -19?
3. Projected dates, hours, and location of Summer Program:
4. Cost to participant and criteria for participation:



## SUMMER YOUTH PARTNERSHIP MINI-GRANT PROGRAM

### Project Budget

Completion of this page is required for grant consideration. Please ensure the budget below reflects the total budget for your summer program and indicates specifically what a grant from the Summer Youth Partnership would help fund. The total for the column labeled "Amount Requested from SYP" should correlate with the amount you requested in the Program Overview on the application cover page. Attach additional budget information you feel is necessary to understand your program better.

Expense <i>Please be as specific as possible</i>	Amount Requested from SYP	Other Funding Sources		Total Budget
		Amount	Source	
<b>Totals</b>			<b>Grand Total</b>	

## SUMMER YOUTH PARTNERSHIP MINI-GRANT PROGRAM

### Previous Funding

If you received funding from the Summer Youth Partnership in 2020, please fill out the following:

1.) Briefly describe your 2020 project, including the geographic area(s) served:

2.) How many individuals were served by your 2020 program (by age group)?

(0-5):		(6-10):		(11-14):		(15-18):		TOTAL:		Total* Scholarships:	
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Primary Contact:		Title:	
Mailing Address:			
Phone Number:		Email:	

Signature:		
Date:		