



## MICRO-GRANT APPLICATION FORM

**IMPORTANT:** Special permission is required for projects to take place at Carmel Clay Schools. The Administrative Approval Form for Carmel Clay Schools allows the upper administration to evaluate project feasibility within the schools. It is due January 25, 2019. The form and instructions are attached to this application. Note that other beneficiary organizations (schools, Scouts, parks, churches) may have different approval processes and forms. It is the applicant's responsibility to understand and meet these requirements.

### 1. Basic Information:

**Project Title:**

\_\_\_\_\_ (Choose a unique name that describes your project.)

**Dollar Amount Requested:**

\_\_\_\_\_ (Must be \$1000 or less, and must equal the amount requested on the

Budget page.)

**Youth Project Leader:**

**Age:**

\_\_\_\_\_

**City:**

**Zip:**

\_\_\_\_\_

**Home/Cell:**

**Personal/  
Parent E-  
Mail:**

\_\_\_\_\_

**Adult Advisor:**

**Title:**

\_\_\_\_\_

**Work/Cell Phone:**

**Home  
Phone:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:**

**Zip:**

\_\_\_\_\_

**E-Mail:**

\_\_\_\_\_

### 2. Tell us about your sponsoring organization:

Your project must have a **SPONSORING ORGANIZATION** (must match page 5) such as the Scouts, a religious organization, school or another organization which is able to show proof of nonprofit status. If you have questions on this, please call.

**Sponsoring Nonprofit:**

\_\_\_\_\_ (Name the organization, school, or agency that will ensure use of funds and

youth safety.)

**Contact Person:**

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**City:**

**Zip:**

**Phone:**

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**E-Mail:**

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**3. Tell us about your environmental project:**

**Describe the environmental need you are addressing and how you identified that need.**

**Who is this project helping? What will they learn about the environment?**

**Describe your project and any related activities. Tell us what you will need to carry out this project and how the project will take place. Please include step-by-step workplan.**

**How will you use your resources in a “green” way?**

**(If needed, you may add additional pages to further describe your project.)**

**4. Describe how you will evaluate the outcomes of your project:**

Outcomes are benefits or changes for individuals or populations that occur during or after participating in program activities. Outcomes may relate to benefits, behaviors, skills, knowledge, attitudes, values, conditions, or other attributes.

**How would you define the success of this project?**

**What does your group hope to learn while planning and implementing this project? How will you measure or track this?**

**Where will your project take place?** (List location(s) where service project will take place.)

**When will this project begin and end?** (List days, dates, and times) Please be specific. Refer to examples page.

**How many youth volunteers will actively participate in the project?** \_\_\_\_\_

**About how many people will be served by this project?**  Under 50  50-100  Over 100

**Were any youth involved in the planning and/or writing of this grant application?**  YES

NO

If so, who? \_\_\_\_\_

**Do you have all necessary permission to do this project?**  YES  NO

**Does your project take place at a Carmel Clay School or property?**  YES  NO

**If your answer is yes:**

**Have you filled out and submitted the necessary Administrative Approval Form?**  YES

NO

**This form and the necessary instructions are available on the final page of this application form.**

**This brief form needs to be submitted by January 25, 2019. Please take the time to do this now.**

**Are there any special permission slips or insurance coverage needed? YES NO**

**If so, what kind, and who will be responsible for obtaining them?**

**Will any other organization or agency be involved with your project? YES NO**

**If yes, please list the organization, telephone number, contact person and title.**

<b>Name of organization:</b>	_____	<b>Phone:</b>	_____
<b>Name of contact person:</b>	_____	<b>Title:</b>	_____

**Please tell us how you learned about the Carmel Green Teen Micro-Grant Program.**

## **5. Signature Verification**

**This page must be printed and signed - signatures are required – see page 7.**

The undersigned certify that:

1. The sponsoring organization listed below assumes all responsibility for liability.
2. All information contained is accurate and contains no misstatements or misrepresentations.
3. The project proposal was initiated and prepared by youth.
4. The project will be planned and carried out by youth.
5. Photos of participants engaging in project will be provided and the promotional use of photos allowed.

Name and short description of your youth group: (Examples: Boy Scout Troop #_____; Key Club; 4-H; church youth group)			
<b>Youth Leader:</b>		<b>Adult Advisor:</b>	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Title</b>	<b>Phone</b>	<b>Title</b>	<b>Phone</b>

Describe the main activities of the <b>SPONSORING ORGANIZATION</b> (must match sponsor on page 1). (Examples: school; church; nonprofit agency) You may include the organization’s Mission Statement. Use additional paper if necessary, or attach a brochure. <b><u>This is the nonprofit organization to which the grant check is written and for which you have provided necessary documentation.</u></b> The representative below must have the authority to receive and disseminate these funds	
This certification must be signed by an officer of the organization with knowledge of the matters contained in the grant application form. This would ordinarily be the <u>chief officer of the board, agency director, school principal or church pastor</u> (not the adult project advisor listed above).	
<b><i>Sponsoring Organization Representative:</i></b>	
<b>Printed Name</b>	
<b>Signature/Title</b>	<b>Phone</b>

## APPLICATION BUDGET

6. Complete the following budget sheet, including a short description of your budget items. Attach additional sheets if necessary.

PROJECT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Description of Item	Cost of Item	Amount Donated*	Amount Requested**
<b>OPERATIONAL COSTS - (i.e. supplies, materials, equipment rental, etc.)</b>			
<b>PROMOTIONAL COSTS - (i.e. t-shirts, flyers, other)</b>			
<b>TRAVEL</b>			
<b>TOTALS - add up each column</b>			

\* Preference may be given to groups that secure at least 10% of total project costs through vendor discounts, in-kind donations, or monetary donations. What contributions can your group make or obtain to help contribute to or minimize the cost of your project?

\*\* Amount that you are asking to have funded through the Carmel Green Teen Micro-Grant Program

Name of sponsoring organization representative (not necessarily the adult project advisor) who is in charge of receiving the award check and overseeing use of funds.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please attach pictures, plans, or itemized quotes to support budget requests.)



**KEEP THIS PAGE FOR YOUR RECORDS!**

In order to be considered for funding, we must receive ALL of the following:

- ❑ Completed application with Budget page – Please include item pictures or details.
- ❑ Approval by the Carmel Clay Schools Green Administrative Team (if project takes place at a Carmel Clay School)– See page 9.
- ❑ Signature Verification (page 5) – A scanned copy may be emailed. Original signed copy must be provided at the grant review session.
- ❑ Make and keep a copy of the grant application and budget for your group.

We encourage groups to reduce paper waste by downloading the Carmel Green Teen Micro-Grant Application as a Microsoft Word file, filling it in electronically, and saving it as a \*.doc or \*.pdf file. Please email the completed application file as an attachment to [mackenziep@cicf.org](mailto:mackenziep@cicf.org). All supporting documents may be scanned and emailed as attachments as well. **Emailed applications are due by midnight.**

**ALTERNATIVELY, APPLICATIONS MAY BE PRINTED, FILLED OUT AND DROPPED OFF BY 4:00PM TO:**

Carmel Green Teen Micro-Grant Program  
c/o Mackenzie Poole  
515 E. Main St. – Suite 100  
Carmel, IN 46032

**HAVE QUESTIONS?**

Visit [CarmelGreenTeen.org](http://CarmelGreenTeen.org) or email us at [mackenziep@cicf.org](mailto:mackenziep@cicf.org)

**CCS Administrative Approval Form due January 25, 2019.  
Applications must be received by February 22, 2019.**





## Administrative Approval Form for Projects at Carmel Clay Schools

For students whose Carmel Green Teen project will take place at a Carmel Clay school or on school property, approval of the proposed project is needed from the Carmel Clay Schools Green Administrative Team. Please fill out this form and email the completed form by January 25, 2019 to guarantee your ability to meet the February 22, 2019 application due date. You may also copy and paste this page into the necessary email.

Student's Name / Youth Leader of Project:

Student's Email:

Student's Club or group involved:

Student's School:

School or School Property where project will take place:

Adult / Teacher Advisor Name and Title:

Adult / Teacher Advisor Email:

Name of Proposed Carmel Green Teen Project:

Briefly describe the proposed Carmel Green Teen service-learning project. Only 2-3 sentences are necessary unless you need more space to describe the project fully. Please include proposed project dates.

Please email completed form to [kdavis1@ccs.k12.in.us](mailto:kdavis1@ccs.k12.in.us) and [mackenziep@cicf.org](mailto:mackenziep@cicf.org) by January 25, 2019.

Only after the Carmel Clay Schools Green Administrative Team approves your project, may you then proceed to obtain final project approval from your principal or assistant principal with a signature on page 5 of the Carmel Green Teen Micro-Grant Application Form. Please contact [mackenziep@cicf.org](mailto:mackenziep@cicf.org) with any questions.