



Buffalo County Youth Advisory Board (YAB)

Youth-to-Youth Mini-Grants

For Youth Building Healthier Communities



Buffalo County Community Partners
PO Box 1466
Kearney, NE 68848-1466

(308) 865-2284

(308) 865-2934 (fax)

info@bcchp.org (email)

www.bcchp.org or www.bcyab.org (web site)

Purpose of Youth-Grants

Youth to Youth mini-grants are intended to promote and support communities in improving the well-being of Buffalo County youth.

Grants will be awarded to community residents who work together to:

- *tie to priority health goals*
- *promote a sense of belonging to community*
- *outreach to youth in need*
- *improve communities by enhancing their strengths*
- *increase cooperation between different cultures and age groups*

Collaborative projects will take priority over a single organization, group or agency.

Youth projects designed by youth will take priority over projects with little or no youth involvement.

Selection Process

Mini-grant funds are available for local projects that are initiated by community youth within Buffalo County. Mini-grants will be awarded to projects which impact youth in a positive, innovative and collaborative fashion.

The application is the first step of the selection process. It will be followed up with a site visit or phone call for further information.

Funding

Mini-grants can range from \$50 to \$1,000. Applications will be received throughout the year.

What Can Grant Money Be Used For?

Youth to Youth grants may be used for the direct operation of the project, transportation, and recognition of the project participants. The majority of the grant money must be used to carry out the project. Recognition costs cannot exceed 15% of the grant award.

Who May Apply?

Youth groups, community organizations, faith, community, schools, class rooms, and other not-for-profit organizations that actively engage young people ages 5 – 21 in solving community problems are welcome to apply.

How to Apply

As announced and by the design of the Buffalo County Youth Advisory Board, priority is given to projects designed for youth by youth. Evidence of youth input on the application is needed. Call us if you have questions! Fill out the enclosed application and return it to:

Buffalo County Youth Advisory Board
PO Box 1466
Kearney, NE 68848-1466
(308) 865-2284

Assistance Available

We want to make the application as easy as possible for you. Please contact one of us if you would like to discuss your ideas or would like help in completing the application form.

Youth Advisory Board Members

Jack Anderson, Kearney High
Justine Bauer, Elm Creek
Lance English, SEM
Andrey Gallegos, SEM
Mariah Henninger, Gibbon
Hannah Loseke, Kearney
Alex Lowe, Kearney Catholic
Garrison Lowe, Kearney Catholic
Spencer Lowe, Kearney Catholic
Jenna Martin, Pleasanton
Dalton Meier, Elm Creek
Griffin Mims, Kearney High
David Mueller, Shelton
Zane Petersen, Amherst
Adam Ripp, Pleasanton
Isabel Thalken, Kearney High
Rosamond Thalken, Kearney High
Bryan Wietjes, Amherst
Kaden Zwiener, Pleasanton
Maranda Kegley, Amherst
Trenton Hoffman, Elm Creek
Saul Aguilar, Gibbon
Olivia Hyde, Gibbon
Maddison Hyde, Gibbon
Molly Klinginsmith, Kearney Catholic
Sarah Teichmeier, Ravenna
Armando Tapia, Pleasanton
Michael Steele, Ravenna
Katie Schambach, Ravenna
Chase Erwin, SEM
Clayton Stoppkotte, Shelton

If You Are Awarded Funding ...

All granted funds need to be disbursed to a “fiscal agent”. A fiscal agent can be any non-profit agency such as schools or churches, recognized as such by the state. The funds awarded to you can simply pass through the fiscal agent. For example, if you are awarded \$500, a check is issued to the fiscal agent, you then access all \$500 from the fiscal agent. The fiscal agent keeps track of receipts and how the money was spent.

The Buffalo County Youth Advisory Board will stay connected with your project to better understand how your project makes a difference in Buffalo County.

Assistance in connecting with a fiscal agent, tracking accomplishments, and planning is available if needed.

Grant APPLICATION

Buffalo County Youth Advisory Board



Name of Group	Title of Project:	
Number of youth that will participate	Age range of youth participants	
Youth Contact	Title	
Address		
City	State	Zip
Phone	Age	
Adult Contact	Title	
Address		
City	State	Zip
Work phone	Home phone	
E-mail		
Sponsoring Organization		
Fiscal Agent Representative		
Address		
City	State	Zip
Work phone	Home phone	
E-mail		

The undersigned adult contact person and representative of the sponsoring organization hereby attest to the fact that this project proposal was initiated and prepared by youth and that this project will be planned and carried out by youth.

Adult Project Leader Signature _____ **Date** _____

Sponsoring Organization Representative Signature _____ **Date** _____

Will your project address one of these Buffalo County priority issue areas? (Must select one to qualify for grant award.)

- | | |
|---|---|
| <input type="checkbox"/> Healthy Eating / Active Lifestyles | |
| <input type="checkbox"/> Eliminating Health Disparities | |
| <input type="checkbox"/> High Impact Prevention (Mark One or More) | |
| <input type="checkbox"/> Alcohol and/or Tobacco | <input type="checkbox"/> Teen Sexual Activity |
| <input type="checkbox"/> Other Drugs | <input type="checkbox"/> Adult Dementia / Alzheimer's Disease |
| <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Injury Free Living (Mark One or More) | |
| <input type="checkbox"/> Youth / Adult Seat Belt Use | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Youth Suicide |
| <input type="checkbox"/> Healthy Homes and Sustainable Communities (Mark One or More) | |
| <input type="checkbox"/> Quality Rentals | <input type="checkbox"/> Financial Responsibility |
| <input type="checkbox"/> Affordable Housing | |

Submit the following to Youth Advisory Board:

- This Grant Application List of Youth Participants Proof of 501(c)3 not-for profit status

Please submit this application to:
Buffalo County Youth Advisory Board
PO Box 1466
Kearney, NE 68848-1466

Grant APPLICATION

Buffalo County Youth Advisory Board



1. Your Project Idea



What is the title of your project? _____

What is your project idea? _____

Where will your project take place? _____

When will your project begin and end? _____

Will you need additional advice or assistance to help complete this project? Yes No

If so, what kind? _____

Are there special permission slips, insurance coverage, etc., needed for this project? Yes No

If so, please explain. _____



2. Helping the Community

How will your project help the community? _____

How did your group determine that this is an important community need? _____

Who/what is your project serving? *Please check one or more boxes.*

Young children Other youth The elderly Low-income families

People who are sick The environment People who are disabled

A neighborhood or community

Other Please *specify*. _____

Approximately how many people will receive service through this project? _____

Grant APPLICATION

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3. Youth Leadership

Who wrote this proposal? (Describe the group that is applying for the grant. If the group is not formally organized, please describe how you came to work on the proposed project.) _____

How have youth been involved in planning this project? _____

How will youth be involved in implementing this project? _____

Please include a list of the youth involved in planning or implementing the project: name, age, affiliation (e.g. member, president, chair, etc.)

4. Learning Through Service

What do you think you will learn about your community from your project? _____

What reflection activities will you use during your project to be aware of your progress? _____

How will you share the things you learn with others (e.g., writing, pictures, presentations)? _____

Is your group interested in giving a presentation in the community? Yes No

5. Applause, Applause

How will you measure your success during your project and when it's done? _____

How will the group celebrate a job well done? _____



6. Money, Money, Money *(Use additional space as needed)*

How much will your project cost? _____

How much money are you requesting from the YAB Program? _____

Who will oversee use of these funds? _____

What other donations of funds, time, talent, or materials have you received for this project?

DONATED ITEM(S)	ESTIMATED VALUE
-----------------	-----------------

Total Estimated Value of Donated Items \$

7. Your Project Budget

	REQUESTED	AMOUNT REQUESTED
Operational Costs (supplies, materials, rental, etc.)		\$
		\$
		\$
	A . Total Operational Costs	\$.
Transportation Costs (if necessary)		\$
		\$
	B . Total Transportation Costs (if necessary)	\$.
Recognition Costs (no more than 15% of grant)		\$
		\$
		\$
	C . Total Recognition Costs	\$.
	D . Total Project Costs	\$.

Amount requested for Youth to Youth Grant $(D = A + B + C)$