



2323 South Fourth Street  
DeKalb, IL 60115  
Phone: 815-758-8282  
Fax: 815-758-0124

### Committee on Youth Grant Application

The purpose of the DeKalb Township Committee on Youth is to advise the Township Board on the provision of programs and services to combat and prevent juvenile delinquency and provide for the well being of underserved and underprivileged youth and their families who reside in DeKalb Township through partnerships or the creation of funding of youth activities.

Please complete this application and return the **original** to the DeKalb Township (2323 S. Fourth Street DeKalb, IL 60115) or submit your online application by e-mail to [supervisor@dekalbtownship.org](mailto:supervisor@dekalbtownship.org). Please print neatly or type. If you have questions, please call the Township at (815) 758-8282. COY Grant awards are limited to a maximum of \$750.00.

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

**Contact Person/Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

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

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

**Please describe your current grant request in the box below:**

<b>Project/Purpose of Current Grant Request:</b>	
<b>Anticipated Project Dates: From:</b>	<b>To:</b>
<b>Total Project Cost: \$</b>	<b>Amount Requested from the DeKalb Township Committee on Youth: \$</b>
<b>Target population served by the project/purpose, include number of youth participants &amp; adult participants:</b>	
<b>Approximate number of DeKalb Township youth served by this project/purpose:</b>	
<b>Geographic area served:</b>	

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

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

\_\_\_\_\_  
**Signature of Agency Director/Representative**

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

**DEKALB TOWNSHIP COMMITTEE ON YOUTH GRANT APPLICATION**

**PROJECT DESCRIPTION**

**Please include the following in your description:** ⇒ General description of the project ⇒ Specific purpose of funds requested  
⇒ Target population served (number served & age range) ⇒ Activities planned to meet objectives ⇒ Projected Timeline  
⇒ If collaborative, details of collaboration ⇒ How will this benefit/build assets for youth in DeKalb Township  
⇒ **How will this project reduce juvenile delinquency in DeKalb Township**

Attach additional pages if necessary. Please try to limit application to 500-1000 words. Additional information may be asked before grant funds are awarded.

**DEKALB TOWNSHIP COMMITTEE ON YOUTH GRANT APPLICATION**

**Project Budget**

To help us understand your entire project, please list all expenses (including those already incurred) and funding (including monies already received) associated with your proposed project. If applicable, please include in-kind donations/noncash support. Total expenses (Line 10) should not exceed total project funding (Line 17).

**A. Project Expenses** – Include a description and amount of all costs associated with your project. Be as specific as possible. For each expense, please label the funding source supporting that expense as either **COY** (Committee on Youth) or **Other** (Other source). *While COY funds will not cover personnel expenses or ongoing operating expenses, please list them where applicable.* Call the DeKalb Township office if you need clarification.

<i>Description of Expense</i>	<i>Amount</i>	<i>Other</i>
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
<b>10. Total Project Expenses (sum of lines 1-9):</b>	\$	

**B. Project Funding** – Include the source and amount of all funding for your project. Also, please indicate **R** (Received), **C** (Committed, but not yet received), or **A** (Appplied for) for each amount. Funding sources could include grants, donations, fundraising income, allocated internal funds, etc.

<i>Revenue Source</i>	<i>Amount</i>	<i>R,C or A</i>
<b>11. COY Grant (Amount requested in this application, cannot exceed \$500)</b>	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	
16.	\$	
<b>17. Total Project Funding (sum of lines 11-16):</b>	\$	