2024/25 Request for Proposals (RFP)
DeKalb Township Committee on Youth

PURPOSE

The DeKalb Township Committee on Youth (COY) serves as an advisory board to the DeKalb Township Board of Trustees. COY advises on the provision of programs and services to combat and prevent juvenile delinquency and provide for the well-being of under-served and underprivileged DeKalb Township youth and their families.

ELIGIBILITY

The DeKalb Township Committee on Youth grant applications should support a program or project benefitting youth in DeKalb Township who are ages 0-18 and/or family programs/projects. Grants will be considered for youth programs/projects that promote positive youth development by incorporating the 40 Developmental Assets framework into their service delivery.

Applicants must be an established 501(c)(3) organization (for minimum of 1 year) and the project site must be located within a 15-mile radius of DeKalb Township.

Funding is limited to a maximum amount of $5,000 per application. Awarded grants will be required to collect and submit evaluation data about the funded program within 3 months of the conclusion of the program.

DEADLINE

Grant applications will be accepted at three points during this grant cycle. Grant applications must be submitted by:
September 1, annually
December 1, annually
March 1, annually

Submission instructions can be found on the grant application.

The following pages contain details of each section of the grant application along with instructions for each section. If you have questions about the application, please call Supervisor Mary Hess at (815) 758-8282.

Organization Name

Clearly state the name of the organization that is applying for the grant.

Primary Contact Person/Title

The primary contact person is the person that submits the grant application, receives communication from the DeKalb Township Committee on Youth, and submits the follow up report. State the first and last name of that person along with their title within the organization

Address

State the address of the organization. The organization does not need to be located within the DeKalb Township.

Phone number

State the phone number that will be used to communicate with the primary contact person.

Email

State the email address of the primary contact person.

Website

State the website for the organization.

Tax Exempt ID number

State the organization's tax-exempt ID number. Applicants applying for this grant must be an established 501(c)(3) organization for a minimum of 1 year.

Signature of Applicant

The section requires the signature of the primary contact person and the date.

Signature of Agency Director/Representative

This section requires the signature of the director or representative of the organization. If the primary contact person is also the director or representative of the organization, then they will also sign in this section.

Title of the program or project

State the title of the program or project

Brief description

In this section, briefly explain what will occur in the program or project. What are the activities within the program/project? How long is the program/project? What populations are being served in the program/project? State the project location. The project does not have to occur at the address of the organization. However, the program/project location/site must be located within a 15-mile radius of DeKalb Township.

Statement of need

In this section, state why the program/project is necessary. It is helpful to identify a problem or an issue that the program/project addresses. This section can include statistics or qualitative data about the problem or issue the program/project is addressing.

Explanation of how the proposed program/project aids in juvenile delinquency prevention and/or positive youth development

It is helpful to refer to the purpose of the DeKalb Township Committee on Youth. 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 or funding of youth activities.

Please review the information about the 40 developmental assets on pages 4-8 of the grant application. Additional information about the 40 Development Assets can be found at the Search Institute https://searchinstitute.org/

Identify which developmental asset(s) align with the goals of your program/project. Cleary state how the program/project along the developmental asset(s) can either prevent juvenile delinquency or assist in positive youth development.

Collaboration

In this section, state any other organizations/agencies/groups that you are partnering with on this program/project. Having a collaborative partner is not a requirement for submitting an application.

Marketing/advertising the program/project

State how you will advertise the program/project. What methods or avenues will you use to tell people about your program/project and to get people involved in program/project?

Program/project timeline

In this section, state the various steps necessary to execute the program/project including, but not limited to start and end date, marketing of the program, recruitment of participants, etc.

Total project cost

State the total cost of the project. The total project costs can exceed the maximum amount of the grant.

Amount requested from the DeKalb Township Committee on Youth

State how much the organization is requesting from the DeKalb Township Committee on Youth.

Program/Project Data

Only the pre-program/project estimated numbers need to be completed in the grant application. If the application is funded, applicants will need to complete the post-program/project actual numbers within 3 months of the conclusion of the program.

Not all of the demographic categories need to be completed. Write numbers in the sections that align with the program/project goals and populations. Place a "0" in all categories instead of leaving the category blank. The grant requires that the program/project involve DeKalb Township residents. State the cost of the entire program/project, not the amount requested in this grant. State how often the program/project will occur within time period designated in the program/project timeline. If the program/project focuses on a certain group that is not identified in the categories, please add it in the other relevant section.

Developmental Assets

Pages 4- 9 of the application explain the developmental assets. There are websites on page 4 that applicants can view to further familiarize themselves with the developmental assets. On page 9 of the grant application, identify which developmental assets age group most aligns with the program/project. There is space on pages 9-11 for applicants to identify multiple goals and objectives for the program/project. Applicants must identify at least one goal, one objective, one activity, one developmental asset, and how the objective will be measured. Ensure that the developmental asset is aligned with the objective.

Project Budget

In part A, applicants will include a description for all expenses associated with the program/project. Be as specific as possible. For each expense, please identify the total amount of such expense and the funding source supporting that expense (either the COY or Other). State the name of the other source.

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

Follow Up Report

Applicants will need to submit a follow up report within 3 months of the conclusion of the program. A template for the report will be given when a grant is awarded.