



---

## Grant Guidelines

### **INTRODUCTION**

The Walker Area Youth (WAY) Council (a program of the Walker Area Community Foundation) consists of 25 youth representing the eight high schools in Walker County. The Council is dedicated to creating service opportunities for fellow classmates. **Therefore, the Council will only fund projects involving youth in community service.**

### **GUIDELINES FOR GRANT APPLICANTS**

- 1) **The WAY Council will only fund grants involving youth in community service.**
- 2) Priority will be given to grants which address the following, but all grants will be considered.
  - Opportunity-focused schools with a curriculum broader than core classes
  - A safer community
  - Projects that promote a Christian environment in our community
  - Any project in support of victims of domestic violence
- 3) No grants are made to or for:
  - ◆ Individuals
  - ◆ Dinners, Balls or other Ticketed Events
  - ◆ Travel Expenses

### **WHAT WE LOOK FOR**

In order to make the greatest impact with the funds available, we prefer requests that

- Make their project enjoyable for youth volunteers.
- Include an effective mechanism for measuring the impact of The WAY Council's investment.
- Demonstrate how youth volunteers will be involved in the organization.
- Will encourage youth to volunteer again in the future

### **SUBMITTING YOUR APPLICATION:**

1. Grant applications may be mailed to: (Postmarked by November 30, 2009)  
Cristy Moody, Walker Area Community Foundation  
P.O. Box 171, Jasper, AL 35502-0171  
To contact Cristy: 205.302.0001 or cmoody@wacf.org
2. Grant applications may be delivered or emailed to: (In our office before 5:00 p.m. December 1, 2009)  
Cristy Moody or to Receptionists Dorothy Dean and Janice Miller  
CHS Activity Center, 205 19<sup>th</sup> Street East, Suite 100, Jasper, AL 35501 or cmoody@wacf.org

**APPLICATIONS MAY NOT BE TURNED INTO WAY COUNCIL MEMBERS!**



## GRANT APPLICATION

Please type or print your answers on this form and include with it a cover letter briefly summarizing your project. Also, please include a budget for the amount being requested. **Please remember, you may not request more than \$1,000.**

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Geographical community served by your organization / group: \_\_\_\_\_

Does your grant application involve any of the following? Please mark all that apply.

- \_\_\_\_\_ Opportunity-focused schools with a curriculum broader than core classes
- \_\_\_\_\_ A safer community
- \_\_\_\_\_ Projects that promote a Christian environment in our community
- \_\_\_\_\_ Any project in support of victims of domestic violence

**Dollar Amount Requested from the WAY Council:** \_\_\_\_\_

---

Please answer all questions in the space provided. If you must go to separate pages, please keep answers as succinct as possible.

How many youth will be involved in community service while participating in this project? \_\_\_\_\_

Statement of Community Need for your project:

(Continued on back)

Organization Name: \_\_\_\_\_

Project Description:

Project Goals and Anticipated Outcomes:

How will you measure your success?

Potential sources for obtaining other funding for this project:

**Budget:**

Total Project Cost: \_\_\_\_\_

Please list all expenses: