TYRTLE BEACH YOUTH FUND APPLICATION FOR FUNDING

The Tyrtle Beach Youth Fund provides funding to not-for-profit grass roots community youth organizations and initiatives that serve children and youth up to 18 years of age in Central and Eastern Steuben County, New York. Applications are invited from appropriate organizations as described below.

| Name of Applying Program: | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Important Information about the application and funding process: | | |
| This Funding Application must be completed and submitted between January 1st and April 30th of a given year to be considered for the annual funding cycle that program year, unless specified otherwise. Applications received outside of these dates may not be considered. Programs must apply annually. Applications will not be rolled over to the following year; | | |
| Funded programs must operate within one or more of the Steuben County Towns of Avoca, Bath, Bradford, Cameron, Campbell, Howard, Prattsburgh, Pulteney, Thurston, Urbana, Wayne, or Wheeler, or the Villages of Bath, Hammondsport, or Savona; | | |
| Maximum program funding is estimated at \$500, but may be adjusted annually. | | |
| Funding must be used for program use only (no salaries or administrative expenses). Programs must explain how the funds will be used, and how they will benefit children/youth. | | |
| All sections of this Funding Application must be completed. Missing or incomplete responses may result in a program not receiving funding, reduced funding, or delayed funding. | | |
| There must be two different names identified (program and organization contacts), with complete contact information and signatures. If the applying program is not sponsored by another organization, then at least one program officer (president, treasurer, etc) must be identified in addition to the Key Contact submitting the application; | | |
| A <u>Year End Report</u> is required of each funded program at the conclusion of the program or by December 31 of the program year. Funding may be reduced or denied if Year End Report(s) from previous year(s) have not been submitted per guidelines | | |
| The priorities, allocation, and distribution of funds will be the decision and responsibility of the Steuben County Youth Board and the Steuben Youth Services Fund, Inc. Funding priorities may be modified at any time. | | |

**Authentic signatures are required by the Program Contact and Organizational Contact on the last page.

**By signing and submitting a funding application, each contact agrees to the guidelines shown above, and to operate the program consistent with information provided in this application.

| PROGRAM: | | SPONSORING ORGANIZATION: |
|-------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Program Name: | | Name of Organization: |
| | | |
| Program Contact: | | Organizational Contact: |
| (this person will receive check & all correspondence) | | (must be different from Program Key Contact) |
| Name: | | Name: |
| | | |
| . | (0.00 | D 111 1019 |
| Position | on/Office: | Position/Office: |
| | | |
| Addre | 66. | Address: |
| / ladio | | Addices. |
| | | |
| | | |
| Phone | 2: | Phone: |
| | | |
| - " | | |
| Email: | | Email: |
| | | |
| | | |
| | | |
| PRO | GRAM DESCRIPTION: | |
| 1. | Briefly describe the purpose or mission of your youth progra | m. (50 words or less) |
| | | |
| 2. | Describe or list the activities your program will include: (100 | words or loss) |
| ۷. | Describe of list the activities your program will include. (100 | words or less) |
| | | |
| 3. | Estimated age range of youth you expect to serve: | |
| | | |
| 4. Proposed Event/Program Period (check one): | | |
| | · | (Program year is January 1 st – December 31 st of year requested.) |
| | Tyrtie beacht fogram real Nequesteu. | (i Togram year is samuary 1 - December 51 - or year requested.) |
| | ☐ Other <u>Program Dates:</u> /(open of | date) to/(close date) |
| | ☐ Event Dates: If proposed event is a one/two-day or | weekend EVENT, targeted date(s): |
| 5. | What days/times do you expect to operate? | |
| J. | What adjoinines do you expect to operate? | |
| | | |
| 6 | Describe your staffing/valunteers | |
| 6. | Describe your staffing/volunteers. | |

Tyrtle Beach Youth Fund Application

13.

| PROGRAM GOALS | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 7. | Estimated number of youth you expect to serve during the proposed program period:# | | | |
| 8. | How would children/youth in your program benefit from the funds you would receive from Tyrtle Beach? | | | |
| ** <u>lr</u> | nportant information regarding the Year-End Report and program reporting: | | | |
| • | Each funded program will be required to complete and submit a Year-End Report, including the following: # of Total Youth Served # of Youth By Gender # of Youth By Ages # of Youth By Zip Code Prior to submitting an application, each program should determine how the above data will be collected, and should not submit estimated numbers on the Year-End Report. | | | |
| • | | | | |
| PROG | RAM FUNDING: | | | |
| 9. | Projected Total Program Budget: \$ (The total amount of funds needed to operate your program this year) | | | |
| 10. | Amount of Tyrtle Beach Funds requested: \$ | | | |
| 11. | What other financial resources support your program? | | | |
| 12. | How will the requested funds be used (funds cannot be used for salaries or administrative expenses, such as program fees or insurance)? | | | |

If approved for funding, to whom should the check be made payable? _____(Must be program or organization only; NOT an individual.)

Tyrtle Beach Youth Fund Application

| **Important information regarding the funding notification | and check: | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|--|
| Directions: Please review and check each of the items below. | | | | | |
| Two different signatures are required (the Program Contact and the Organization Contact) in order to submit this application. | | | | | |
| If approved for funding, an email/letter will be sent to the Program Contact identified on Page 2 of this application form, with specific directions for picking up the funding check. | | | | | |
| Checks are expected to be available approximately June 15th, annually. | | | | | |
| Checks will be time limited, and will expire 90 days after written. | | | | | |
| ☐ It is the responsibility of the Program to pick up and cash/deposit the check prior to its expiration. | | | | | |
| Checks that are not picked up and cashed/deposited before expiring may not be reissued. | | | | | |
| **Signatures below indicate that both of the contact individuals have read and understand the information above. | | | | | |
| Key Contact Name: | Organizational Contact Name: | | | | |
| Signature: | Signature | | | | |
| | | | | | |
| Completed Funding Applications should be submitted by April 20, appliedly, to: | | | | | |

Completed Funding Applications should be submitted by April 30, annually, to:

EMAIL (strongly preferred): bcaudill@steubencountyny.gov (if emailing, must sign & scan application) (or) MAIL:
Steuben Youth Services Fund
ATTN: Tyrtle Beach
P.O. Box 444
Bath, NY 14810

For additional information on Tyrtle Beach, the Steuben Youth Services Fund, Inc., or on the application or reporting processes, visit www.tyrtlebeach.com, or call the Steuben County Youth Bureau at (607) 664-2119. *Thank you for supporting Tyrtle Beach!*