

# REQUEST FOR YOUTH ASSISTANCE – FY'18

## SECTION I – SPECIFICATIONS

1. \_\_\_\_\_  
 Name of Organization/Agency    Mailing Address    Zip Code

2. \_\_\_\_\_  
 Contact Person    Home #    Work #

3. \_\_\_\_\_  
 Name of Activity

4. \_\_\_\_\_  
 Email Address

5. **CATEGORY OF ACTIVITY**

- Educational                       Recreational                       Therapeutic                       Other

6. Is your Youth Group currently receiving or has it received a Youth Assistance Grant?  
 YES                       NO                      If YES, please specify year and amount.

FY'17 \_\_\_\_\_ FY'16 \_\_\_\_\_ FY'15 \_\_\_\_\_ FY'14 \_\_\_\_\_ FY'13 \_\_\_\_\_

7. Does your Organization/Agency receive additional funding from sources other than the CD?  
 YES                       NO                      If YES, please specify source and amount  
 (Include all fundraising activities.)

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

8. Is list of Officers/Directors attached?

YES  NO

9. Is the Applicant an Organization or Agency? (as defined below)

Organization  Agency

**Organization:** A public or private non-profit applicant organized for charitable purposes, one of which must be services to **YOUTH**. The organization must have been organized at least 90 days prior to the publication of this request for Proposal.

**Agency:** A private or public non-profit applicant with full or part-time paid staff and part-time staff in excess of 18 hours. Evidence of Incorporation status and IRS number must be submitted prior to funding.

**Youth:** An individual under the age of 21 years and a resident of the City of Lynn.

10. Internal Revenue Number: \_\_\_\_\_

11. Year started: \_\_\_\_\_

12. Is list Clerk's Certificate attached?

YES  NO

13. Number of children who participate from outside of LYNN: \_\_\_\_\_  
*(Do NOT include these children on the Data Collection Form)*

14. Provide a brief description of how you propose to spend the requested funds: (Do NOT leave blank or write "See attached.")

15. Ages of youth: \_\_\_\_\_

16. **AMOUNT REQUESTED:** \_\_\_\_\_

17. \_\_\_\_\_ X  
Print Name & Title of Chief Officer **Signature of Chief Officer**  
*(the Chief Officer will also be responsible for signing the Youth Assistance Agreement and all invoice forms.)*

## **SECTION II- PROPOSAL PROPER**

### **1. Description of Organization/Agency and its goals (Highlight past accomplishments)**

### **2. Proposal Narrative of the Activity - PLEASE INCLUDE:**

Number of Children serviced; Geographic Area of Activity; Low/Mod Income Eligibility; Time Period of Activity; Description of services already provided how proposed funding would complement, extend or impact these services; Why the proposed services are "needed" in the Lynn community.



### **SECTION III - ACTIVITY BUDGET**

How will you spend the requested amount of funds? Be specific. List equipment items as closely as possible to exact price. Do not list indirect costs. All expenses should be itemized.

Equipment Item/Service	Cost
<i>Example: 12 dozen baseballs @ \$62 each</i>	<i>\$744.00</i>
TOTAL:	
Amount Requested:	

**NOTE:** Due to the large number of applications expected, and the limited amount of funding available, total budgets below \$5,000 have more likelihood of being funded. Larger budgets will not necessarily be excluded.

## CLERK'S CERTIFICATE

I, \_\_\_\_\_ hereby attest that \_\_\_\_\_  
(Clerk/Secretary's Name) (Chief Officer/President)

is the Chief Officer of the Organization/Agency and is empowered to sign official documents and bind the Organization/Agency to agreements. I further attest that said authority is currently in full force and has not been rescinded or revoked by action of the Directors.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CLERK'S SIGNATURE**

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As the Official authorized to sign this application, the undersigned represents that:

- (1) Funds paid pursuant to this application will be used only for the project set forth in the project description. Any amendment thereto must be filed with and approved by Lynn Community Development.
- (2) The Applicant agrees to account separately for these funds and to make monthly narrative reports and meet reasonable fiscal and administrative requirements.
- (3) The Applicant understands that these funds are made available through a Grant from the U.S. Department of Housing and Urban Development under the Community Development Act of 1992 and are subject to all applicable rules and regulations.

\_\_\_\_\_  
**NAME (Chief Officer/President)**

\_\_\_\_\_  
**Signature of Chief Officer**

# YOUTH ASSISTANCE - DATA COLLECTION FORM

*(Do not include participants who live outside of Lynn)*

Program: \_\_\_\_\_

Name & Title of \_\_\_\_\_

Person completing form: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Total # of LYNN participants:</b>	<b>Total # Race</b>	<b>Of the total # of each race, how many are Hispanic?</b>	<b>Total # Hispanic</b>
White		→	
Black/African American		→	
Asian		→	
American Indian/Alaskan Native		→	
Native Hawaiian/Other Pacific Islander		→	
American Indian/Alaskan Native & White		→	
Asian & White		→	
Black/ African American & White		→	
Am. Indian/Alaskan Native & Black/African Am.		→	
Other Multi-Racial		→	
<b>Total LYNN participants:</b>		→	

Extremely Low Income	
Low Income	
Mod. Income	
High Income	
<b>Total LYNN participants:</b>	

**TOTALS in red should be the same number**  
**Each youth should be counted only ONCE.**

HOUSEHOLD SIZE	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income	0- \$21,700	0- \$24,800	0- \$27,900	0- \$31,000	0- \$33,500	0- \$36,000	0- \$38,450	0- \$41,320
Low Income	\$21,701- \$36,200	\$24,801- \$41,400	\$27,901- \$46,550	\$31,001- \$51,700	\$33,501- \$55,850	\$36,001- \$60,000	\$38,451- \$64,150	\$41,321- \$68,250
Moderate Income	\$36,201- \$54,750	\$41,401- \$62,550	\$46,551- \$70,350	\$51,701- \$78,150	\$55,851- \$84,450	\$60,001- \$90,700	\$64,151- \$96,950	\$68,251- \$103,200
High Income	\$54,751+	\$62,551+	\$70,351+	\$78,151+	\$84,451+	\$90,701+	\$96,951+	\$103,201+