



A YOUTH PHILANTHROPY PROGRAM OF
THE COMMUNITY FOUNDATION OF NORTHERN ILLINOIS

In Youth We Trust Youth Grant Application 2023

Mental Health Focus Statement:

Do you have an idea that you think would better the community? After analyzing 300 survey responses from high school students in our area, we've found that mental health is a concern for many youth today. Mental health is our emotional, psychological, and social wellbeing which affects how we think, feel, and act. This year we're focusing on [Protection & Advocacy, Identification & Outreach, Promotion & Awareness, Peer Support, and Family & Community Support](#) in accordance with the [Community Support System Framework](#). After collaborating with the [YES \(Youth Engagement Steering\) Team](#), we've found that the framework was the best guide to decide how to distribute our attention and funding this grant cycle. **Youth who have a project, program, or event that supports or aims to improve the mental health of our youth today**, please complete this application to apply for funding.

Additional eligibility criteria apply to this grant program. Please review the [IYWT Youth Grant Guidelines](#) for full program details.

Many projects funded by IYWT in the past will still qualify for this grant; you'll just need to tell us how your activity improves the well-being of youth in the community. Let us know if you have questions!

INSTRUCTIONS:

Once you have completed this form, please **email it to the IYWT Staff Liaison Heather Rapp at IYWT@cfnil.org with your budget** (you must use the budget template provided on <http://cfnil.org/grants/youth>). You will get an email confirmation that your application has been received within a few days. **The deadline is Monday, November 28, 2022, at 5:00pm.**

No applications will be accepted after the deadline.

For more detailed application guidelines, instruction, deadlines, and program information visit <https://www.cfnil.org/grants/youth>.

Questions?

Contact Heather Rapp! Email: iywt@cfnil.org Phone: 815-962-2110



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Organization Information

Name of Youth Club or Organization

Youth group street address

City

State

Zip Code

County

What is your group's purpose and primary activities?



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What is the name of your sponsoring or parent organization?

Sponsoring or parent organization street address

City

State

Zip Code

Type of organization

EIN number of organization (Your adult contact should have this)

Primary Youth Contact

First and Last name

Date of birth

Street address

City



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State

Zip Code

County

Phone number

Email

Best time to reach you

How many people under the age of 19 will be working on this project?

How many people older than 19 will be working on this project?



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Primary Adult Contact

First and Last Name

Street address (if different from parent organization)

City

State

Zip code

County

Primary Phone

Email

Best time to reach you



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Project Information

Title of your project

How much money are you requesting (max \$3,500)?

Please check all components of the [Community Support System Framework](#) that apply to your project:

- Identification and outreach
- Protection and Advocacy
- Family and Community Support
- Peer support
- Promotion & Awareness

Please give a short summary of how your project relates to the treatment, prevention, or promotion & awareness of mental health. How does your project connect to *youth* (ages 19 and under) mental health specifically? (2-3 sentences)

Estimated project start date

Estimated project end date



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Please give a detailed description of your project's plan. Make sure to include any major tasks and how the group plans to accomplish them.

Where will the project take place?

Are you working in collaboration with or receiving advice or assistance from any other organizations? If yes, do any of these organizations offer mental health services in their community? List the organizations you're collaborating with and their roles in the program. If not, please leave this blank.

Do you need any special documents or permissions to complete or participate in our project? If yes, what do you need, and who will be responsible for obtaining it? If not, please leave this blank.

Is there anything else you would like us to know about your project?



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Promotion

How will the community learn about your project? How will the promotion of your project increase the public's awareness of mental health?

Finances

*Please email your budget along with your application to iywt@cfnil.org. Your proposal budget **MUST** use CFNIL's Budget Template for In Youth We Trust found on cfnil.org/grants/youth*

Budget Narrative - Explain how each expense relates to the proposal's goals and its relevance.



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Community Need and Results

How will your project improve youth mental health in our community? What do you hope to achieve?

What are your intended results? What method or tool do you plan to use to measure your results? How will this indicate that you have accomplished your goals?

Describe the population or groups who will benefit from your project. Think about the number of people who will benefit and their genders, ages, and other demographic information. How many people will benefit from the project, and how did you determine this number?

What county will your project primarily serve?

How will the members of your group benefit from implementing this project?



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Additional Info

How did you hear about IYWT?

Applicant Agreement

****The agreement should be signed by the Primary Adult Contact listed in this application****

By clicking below, I agree to the following terms and conditions of the Community Foundation of Northern Illinois (hereafter "FOUNDATION") on behalf of my organization (hereafter "APPLICANT"). Additionally, I certify that I am authorized to agree to these terms and conditions.

1. To use the funds only for the tax-exempt purpose (1) as described in the grant application and subsequent grant notification letter and not for any other purpose without the FOUNDATION's prior written approval. (1) As defined by the Internal Revenue Service
2. To not expend any grant funds for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.
3. To notify the FOUNDATION immediately of any change in (a) APPLICANT'S legal or tax status, (b) APPLICANT'S executive or key staff responsible for achieving the grant purposes, (c) APPLICANT'S ability to expend the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.
4. To maintain books and records adequate to demonstrate that it maintained the grant funds in a separate fund dedicated to the purpose for which the grant is made, and to maintain records of expenditures adequate to identify the purposes for which, and manner in which, grant funds have been expended.
5. To give the FOUNDATION reasonable access to the APPLICANT's files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.
6. To return to the FOUNDATION any unexpended funds or any portion of the grant that is not used for the purposes specified herein.
7. To allow the FOUNDATION to review and approve the content of any proposed publicity concerning this grant prior to its release and to recognize the FOUNDATION in all publicity materials related to the funded project or program, as specified in the Grant Communication Guidelines, which will be included in the grant notification letter.
8. To allow the FOUNDATION to include information about this grant in the FOUNDATION's periodic public reports, newsletter, news releases, social media postings, and on the FOUNDATION's website. This includes the amount and purpose of the grant, any photographs you have provided that do not include "DO NOT USE" in their file name, your logo or trademark, and other information and materials about your organization and its activities.
9. To submit a written report summarizing the project promptly following the end of the period during which you are to use all grant funds and to submit any interim reports the FOUNDATION may require. Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of grant funds.
10. To not discriminate on the basis of race, color, sex, sexual orientation, religion, age, national/ethnic origin, political beliefs, veteran's status, disability, or any other factor prohibited by applicable law.

The FOUNDATION reserves the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in the FOUNDATION's sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or any other charitable activities of the FOUNDATION; or (c) to comply with the requirements of any law or regulation applicable to you, the FOUNDATION, or this grant.



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Please check the box to indicate that you have read and understand these terms and conditions.

- I understand and accept these terms and conditions

Signature

Date

*****The person listed as the Primary Adult Contact on this application should sign this agreement. A full name typed into the signature line will act as a digital, official signature*****