



Youth Advisory Council
Mini Grant for Educators Application Form
2019-2020 School Year

PO Box 1012-C
Big Rapids, MI 49307

Please submit one copy of your completed application to:
Mecosta County Community Foundation
Youth Advisory Council
PO Box 1012-C
Big Rapids, MI 49307

Date of application: [Click here to enter a date.](#)

Organization: [Click here to enter text.](#)

(Legal name as on IRS determination letter and as supplied on IRS Form 990 or school district name)

Tax ID number: [Click here to enter text.](#)

Executive Director/Superintendent: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

(Administrative Office)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

School building or program: [Click here to enter text.](#)

Project title: [Click here to enter text.](#)

Educator's name: [Click here to enter text.](#)

Position or title: [Click here to enter text.](#)

Grant amount requested: [Click here to enter text.](#)

Total project cost: [Click here to enter text.](#)

Grade/age of students involved: [Click here to enter text.](#)

Applicant's signature and date

Principal's signature and date

Superintendent's signature and date*

****Signatures acknowledge this proposal is in compliance with school board policies and curriculum guidelines.***



Youth Advisory Council
Mini Grant for Educators Application Form
2019-2020 School Year

PO Box 1012-C
Big Rapids, MI 49307

Please limit your application to the space provided.

- 1. GOAL OF THE PROJECT:** Please state your create idea or innovative approach for enhancing instruction or the learning experience for your students. How will this project benefit the students:
[Click here to enter text.](#)
- 2. PROJECT DESCRIPTION:** Specifically, what will you do? How will you do it? How many students will be involved? (If you need additional space, please continue on a separate sheet.)
[Click here to enter text.](#)
- 3. PROJECT DURATION:** Projects run during the school 2019-2020. Do you have plans to sustain the project after the grant period?
[Click here to enter text.](#)
- 4. RESULTS AND EVALUATIONS:** How will you determine whether your project is successful? How will you measure results?
[Click here to enter text.](#)



Youth Advisory Council
 Mini Grant for Educators Application Form
2019-2020 School Year

PO Box 1012-C
 Big Rapids, MI 49307

5. **PROJECT BUDGET:** Please state the amount you are requesting and itemize the project costs. If you expect other sources of funds or donations for the project, please indicate them.

Project expenses (Items needed for project)	Qty	Total project expenses	Requested from MCYAC	Description of item
<i>Example: Forensic dissection kit</i>	<i>1</i>	<i>\$250</i>	<i>\$200</i>	<i>Kit includes pig hearts & kidneys</i>
Total Expenses				