



Bishop Maginn High School Youth Philanthropy Council (BMHS-YPC) Grant Application

Introduction:

BMHS-YPC is a student-led council. Over the course of the school year, council members learn about nonprofit organizations, performance measurements, community needs, and the RFP process.

Council members worked together to create this grant application and a scoring rubric. They will review all eligible applications to determine which nonprofit/s will receive funding.

Eligibility: Applicants must be 501 (C)(3) organizations that serve areas in Albany County. Funds may **not** be used for administrative costs.

Priority Areas: Council members will consider organizations that focus on Health, Education, Arts, and Poverty Relief.

Grant Size and Deadline: Grant requests may range between \$500 and \$2,500. Applications are due Monday, May 23, 2022 by 5:00 PM. Please submit applications as a PDF to Rebecca Bliss at rbliss@bishopmaginn.org. Subject: YPC Application. Application should be typed and not handwritten.

Attachments: 501 (C)(3) determination letter Current organizational budget Project budget
*Required

Questions? E-mail: rbliss@bishopmaginn.org

APPLICATION

Agency Information

1. Agency Name: _____

2. Executive Director's Contact Information:

Name: _____ Phone: _____ E-mail: _____

3. Grant Contact:

Name: _____ Phone: _____ E-mail: _____

4. Agency Address:

Street: _____ City: _____ State: _____ Zip: _____

5. Yes, this grant will serve Albany County.

6. Yes, my organization is incorporated as a 501(C)(3) organization with tax exempt status (please attach your letter of determination).

This grant was completed by: _____ Date: _____

Signature

Executive Director: _____ Date: _____

Signature

Name of project in which you are requesting funds: _____

Funding Request: \$ _____

I. Organizational History

a. Please provide a brief history of your organization. Include:

Mission Statement

What prompted your organization to form.

Number of programs you offer, their names, and what they do.

II. Priority Area:

a. Please describe the priority area (health, education, arts, poverty relief) and how your project focuses on meeting it:

III. Project Narrative:

a. Please describe your project:

b. Please explain how your project serves Albany County:

c. Please describe the benefit of your project and any anticipated measurable outputs/outcomes:

d. If awarded this grant, how will the funds impact your project?

III. Budget (please attach your organization budget and project budget):

a. Please tell us exactly how BMHS-YPC funds will be used:

b. If you need to provide any further details about your budget/s please do so below: