



A GRANDMA'S MARATHON PROGRAM | P.O. BOX 16234, DULUTH, MINNESOTA 55816 | (218) 727-0947 | GrandmasMarathon.com

YAF Vision:

A community where all youth enjoy healthy and active lifestyles.

YAF Mission:

The mission of the YAF is to assist in the promotion, development, and growth of youth athletics and activities that encourage physical fitness, mental, and emotional well-being.

YAF Grant & Scholarship Eligibility Guidelines:

1. Organization must comply with vision and mission stated above.
2. Only nonprofit organizations with a current ID number may apply.
3. Organization must have a program accounting system, which documents accurate financial transactions.
4. Organization must have a budget for the fiscal year in which the request is made.
5. Organization must have a primary, responsible party or individual.
6. Organization must be located in the 5-county region of St. Louis, Carlton, Lake and Cook in Minnesota, and Douglas in Wisconsin.
7. Application must be completed in its entirety.
8. Cities, Municipalities, Public/Charter/Private School funded programs are not eligible.
9. Organizations awarded grant money are eligible to reapply in no less than 24 months after funds are distributed. Denied grants may be resubmitted for consideration.
10. Funds cannot be used for costs incurred by travel, staffing, meetings/meeting time, building space or lobbying.
11. Maximum of \$3,000 can be requested, for grants and scholarships inclusively.



YOUNG ATHLETES FOUNDATION

APPLICATION FOR GRANT SUPPORT

The YAF recognizes that some organizations may have durable equipment needs while others may have non-equipment, financial needs which address the rising participation costs or fees for youth involved in the organization's activities. Organizations may apply for both scholarship and equipment funds on the same application, not to exceed \$3,000 inclusively.

Please complete the following information:

Date of application: _____ Grant amount requested: \$ _____
(\$3,000.00 maximum)

Nonprofit Organization/ Program or Group Name, and tax I.D. #: _____

Contact Person: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Additional Contact Information: _____

The YAF grant program favors one-time requests for program expansions and specific equipment needs. When requesting equipment over \$1000, please include specifics, preferable in the form of a prepared bid.

ORGANIZATION / PROGRAM / GROUP MISSION

1. Name and nature of equipment / event / program requesting funding. Include the date of event, duration and completion date or purpose of equipment.

2. Please state the purpose or mission of your organization.

3. Please explain specifically how the grant money will be spent, and provide a detailed, itemized list of any equipment needs.

4. How will this grant benefit the youth, including those from low income families, in our community?

5. Explain how your organization promotes your program to underprivileged and “at-risk” youth.

6. What are the age groups and the number of youth this grant will benefit?

7. What other source of revenue have you or your organization secured for this equipment/event/program?

8. Please describe how your organization can promote the Young Athletes Foundation.

9. Please attach a copy of your organization’s (local chapter) detailed budget, outlining annual revenue and expenses.

10. Is there anything else you think we should know when considering your grant application (please attach an additional sheet if necessary)?

Scholarships

In submitting an application for scholarship funds to cover participation fees or costs, an organization must submit the following information:

- How many youth participants will be funded, fully or partially, with the grant funds?

- Outline your organization's fiscal guidelines used to determine the eligibility of a participant to receive partial or full funding of participation fees. (For example, in public high school sports in Minnesota, an athlete who receives free or reduced hot lunch is eligible for waiver of participation fees.)

- Provide the name of the individual responsible for making decisions regarding funding participation costs or fees.

I certify that, to the best of my knowledge, the information contained in this application is true and accurate.

Authorized Signature _____