

**Meriden Department of  
Health and Human Services**

**Youth Services**

**Community Mini-Grants Spring 2018**

The Meriden Department of Health and Human Services, Youth Services office, is offering support to local, **youth-led activities** that align with the mission of mobilizing youth and community partners to create safe, healthy, vibrant, engaged environments where Meriden youth and families can thrive.

**Awards:**

We have a total of \$1,500 to provide up to six (6) grants of \$250 each to community organizations to work with youth on a project that will benefit the Meriden community.

**Eligibility:**

Activities must be planned and conducted by Meriden youth. Applications must be completed by youth. Each project or group must be sponsored by a recognized organization that serves Meriden. Funding priority is given to applications received by the **February 9, 2018** due date. We may call or email for clarification on project activities.

**Requirements:**

Each funded applicant is expected to:

- Spend the grant funds and complete activities by June 30, 2018.
- Make a brief presentation about their activities (we encourage photo presentations!) at a meeting to be held on June 7, 2018, from 5:30-7 at 165 Miller Street (dinner provided).
- Acknowledge the support of the Meriden Department of Health and Human Services, Youth Services office, in all print and online materials.
- Complete and submit the Mini-Grant Report by July 13, 2018 (attached).
- Use the funds to directly support their activities, such as supplies, materials, refreshments, transportation, and training. Funds cannot be used to pay the adult supervisor(s) or youth. No gift cards can be purchased with the funding.

*\* If all funding requirements are not met, this may result in ineligibility for future funding*

**Directions:**

The attached application should be used. You can request a Word document by emailing [lcrown@meridencct.gov](mailto:lcrown@meridencct.gov). The completed, signed application can be mailed to:

Meriden Department of Health and Human Services  
Attn: Youth Services  
165 Miller Street  
Meriden, CT 06450

Scanned applications can be emailed to [lcrown@meridencct.gov](mailto:lcrown@meridencct.gov). For more information, please contact Lea Crown, Director of Health and Human Services, at 203-630-4221 or [lcrown@meridencct.gov](mailto:lcrown@meridencct.gov).



## Youth Services Community Mini-Grant Spring 2018 Application Signatures

Application Due Date: Friday, February 9, 2018 by 4:30pm

Award Announcements: Friday, February 16, 2018

Project Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

The undersigned have read the application narrative, believe the information is accurate and agree to the following requirements of this community mini-grant:

- Spend the grant funds and complete activities by June 30, 2018.
- Make a brief presentation about their activities (we encourage photo presentations!) at a June 2018 Youth Services meeting.
- Acknowledge the support of the Meriden Department of Health and Human Services, Youth Services office, in all print and online materials.
- Complete and submit the Mini-Grant Report by July 13, 2018.
- Use the funds to directly support their activities, such as supplies, materials, refreshments, transportation, and training. Funds cannot be used to pay the adult supervisor(s) or youth. No gift cards can be purchased with the funding.

*\* If all funding requirements are not met, this may result in ineligibility for future funding*

Name of Youth Leader: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Adult Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## Youth Services Community Mini-Grant Spring 2018 Application Narrative

Application Due Date: Friday, February 9, 2018 by 4:30pm

Award Announcements: Friday, February 16, 2018

Project Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Project Description:** In no more than 2 pages, describe your project activities, including:

- ✓ The number of Meriden youth that will be involved
- ✓ The roles of the youth leader(s) and adult advisor(s)
- ✓ Why and how the project was selected
- ✓ The time frame for activities
- ✓ How the activity is related to the mission described on page 1 of this application (first paragraph)
- ✓ A budget for how you will use the grant funds



## Youth Services Community Mini-Grant Spring 2018 Mini-Grant Report (2 pages)

Grant Report Due By July 13, 2018

**Project Name:** \_\_\_\_\_

Your project was funded by the Meriden Department of Health and Human Services, Youth Services office, state Youth Service Bureau grant. The Department requires the following information to include in their grant report:

- Name of project, sponsoring organization and person completing the report. **Report must be completed by the youth leader(s), not the adult advisor.**
- Date(s) and location(s) of your project activities.
- Brief description of activities.
- Number of hours planning and evaluating your project.
- Number of hours conducting your project.
- Number of youth participants (actual or estimate).
- Gender, age, and race of participants (actual or estimate).
- For projects that result in publications, number of copies produced.
- Financial report for total cost of project activities (produced by the sponsoring organization).

Typed reports may be submitted. Or, if you want to get creative, a power point presentation with the data and pictures can be used as the report can be used. The attached report table must be submitted and fully completed, no blank spaces. Report must be completed by youth leader(s), not the adult advisor(s).

You can mail or email your report to:

Mail: Meriden Department of Health and Human Services  
Attn: Youth Services  
165 Miller Street  
Meriden, CT 06450

Email: [lcrown@meridenct.gov](mailto:lcrown@meridenct.gov)

Please contact Lea Crown at 203-630-4221 if you have any questions regarding the grant report.



**Youth Services Community Mini-Grant  
Spring 2018 Mini-Grant Report Table – Due by July 13, 2018**

**\*\*All fields must be completed! \*\***

**Project Name:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_

**Youth Leader(s):** \_\_\_\_\_

Date(s) of project activities:					
Location(s) of project activities:					
Total number of hours planning/evaluating your project:		Total number of hours conducting/performing your project			
Total number of youth participants (actual or estimate):			Total number of participants by gender:	Males:	
				Females:	
Total number of participants by age:	Ages Birth to 9		Total number of participants by race:	White	
	Ages 9-16			Black/African American	
	Ages 17-21			Asian	
	Over 21			Multi-racial	
			Hispanic/Latino		
			Non Hispanic/Latino		

Total cost of project activities (total expenses)	\$	For publications, number of copies distributed:	
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Community Mini-Grant - Spring 2018. Proposal Created 1/05/18, Revised 1/31/18.