



APPLICATION - PART I

The mtvU Grant awards funding for creative community service projects submitted by a group of two or more people. Only one person needs to complete this application for the entire group.

General Information (please print or type)

Name: _____
Last First Middle

Male/Female: _____

School Address: _____
No. Street
City State Zip Code

Permanent Address: _____
No. Street
City State Zip Code

E-mail Address: _____

Telephone: _____

Date of Birth: ____ / ____ / ____
MM DD YY

College/University: _____

Name of Organization: _____

Role in Organization (i.e. President, Founder): _____

How did you hear about the mtvU Grants? _____

APPLICATION - PART II

Short Essays

Please type your complete responses to the questions on the application below or attach them on separate sheets of paper.

1. What is your organization's name?

2. What is the purpose of your organization? How will your organization benefit your community? Be descriptive and specific as to what goals you would like to reach.

3. Is anyone else already providing this service/product or similar solutions to the need you identified? Can you learn from their strengths or weaknesses? Learning about efforts made in your immediate community and beyond may help you in planning your own project.

4. (a) Please fill out the *Expenses Timeline* (Part V of this application) to detail the activities and costs associated with launching and running your organization in the first year of operations. Be specific. In the space below, please justify the expenses you list in Part V of the application. Think of what tasks and activities are necessary for reaching your goal/s and at what point of time each will need to occur. Tasks and activities vary, but may include: communicating and promoting the service/product, purchasing materials, finding space to run the organization's activities, recruiting volunteers, fundraising events, etc.

(b) Using the *Income and Fundraising Timeline* (also Part V of this application), estimate the expected income from fundraising activities. In the space below, please describe the fundraising ideas you list in Part V of the application to support your launch and ongoing activities. Fundraising can be a great way to showcase your work and gain community support. Try to think of a fundraiser in which your services can be highlighted. Because fundraising is vital to the sustainability of any organization, your fundraising efforts should be geared toward the anticipated expenses of your second year.

5. (a) How many people will be part of your organization? Please identify the organization's leaders and their responsibilities.

(b) Who will be responsible for spending the money, keeping the receipts, and reporting back to Youth Venture on your organization's progress?

6. How will your project become an ongoing organization? What are your ideas for involving your peers or those younger than you to contribute to the sustainability of your organization?

7. How will you evaluate your work and make changes to ensure that you make progress toward your goals, as well as a significant and lasting community benefit?

APPLICATION - PART III

References: Please provide the name and contact information of two references (over the age of 18) who will support you and your mtvU Grant idea. References cannot include relatives.

Reference Name: _____

Permanent Address: _____

No. Street

City

State

Zip Code

E-mail Address: _____

Telephone: _____

Relation to Team: _____

Reference Name: _____

Permanent Address: _____

No. Street

City

State

Zip Code

E-mail Address: _____

Telephone: _____

Relation to Team: _____

APPLICATION - PART IV

Advisor

Each organization must have an Advisor - a respected community member (on- or off-campus) who provides guidance, but leaves you in control. Consider finding an Advisor with some expertise in the field of your work.

Advisor Name: _____

Permanent Address: _____

No. Street

City

State

Zip Code

E-mail Address: _____

Telephone: _____

Relation to Team: _____

Explain why you chose this person: _____

APPLICATION - PART V

The following charts ask you to estimate the monthly (a) expenses and (b) income of your organization. Question (c) asks how much funding your organization seeks. Please provide this information to the best of your ability.

(a) Please record your monthly activities and associated costs. Feel free to insert more rows if necessary.

EXPENSES	Costs per Month													Total Annual
Activity / Tasks	Date	1	2	3	4	5	6	7	8	9	10	11	12	
														\$
														\$
														\$
														\$
														\$
														\$
Total Monthly Expenses		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(b) In addition to the mtvU Grant, Please record any additional funds you intend to raise

INCOME / FUNDRAISING	Income per Month													Total Annual
Activity	Date	1	2	3	4	5	6	7	8	9	10	11	12	
														\$
														\$
														\$
														\$
														\$
														\$
Total Monthly Income / Fundraising	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(c) MtvU Grants total up to \$1000 each. Please indicate the amount your organization is requesting: _____

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the grant program. This application becomes the sole property of the program's Judging Parties. I certify that I am not an employee or an immediate family member of MTVN, Youth Venture or any of the other Judging Parties identified in this Application. I certify that I am not a previous recipient of a grant/scholarship from Youth Venture, MTVN and/or any of the other Judging Parties to the best of my knowledge. If selected as a recipient, I authorize release of my name and/or likeness to Youth Venture, MTVN and/or any of the other Judging Parties to be used for publicity purposes. We also take full responsibility for all actions related to our organization, and understand that Youth Venture and MTVN are not responsible for our organization or its activities. The signature of a parent or guardian is required for those applicants under 18.

By signing below I agree to the Official Rules and Conditions of Association.

Signature of Applicant: _____ Date: _____

Signature of Guardian: _____ Date: _____

Name of Guardian: _____

Please direct any questions to:

Youth Venture
ny@youthventure.org

Please mail the completed application to:

Youth Venture
Attn: mtvU Grants
25 Washington Street
Suite 406
Brooklyn, NY 11201