



communityGives

Youth Service Program

The communityGives Youth Service Program is supported by The Dow Chemical Company and the Bay Area Community Foundation

Grant Amount - **\$1,000**

Eligible Groups:

- Must be made up of youth in the K-12 age range
- Must be located in Bay County
- Must be affiliated with a 501 (c) (3) or school district (public or private)
- Must complete an approved Volunteer Activity within 12 weeks of applying for the grant
- Must show demonstrated **need**.

Volunteer Activities:

- Must take place in the Great Lakes Bay Region and cannot be fundraising related (**this includes events that raise funds for another organization; e.g. Walk to benefit <cause>**)
- Must involve a minimum of 10 youth volunteers
- Must be a minimum of 3 consecutive hours in length
- Must result in a minimum of 50 cumulative volunteer hours within two consecutive days
- Must not benefit the organization or school that the youth group is affiliated with
- Must be impactful and meaningful to all involved

Demonstrated Need:

- Must be able to explain what the grant funding will be used for and why it is needed
- Examples: Team Uniforms, Group Supplies, etc.

Other:

- Grants are not made out to individuals
- All participants must sign the provided photo/media release form
- Groups can receive a maximum of one communityGives Youth Volunteer Grant annually
- *** Requests for support of programs presented by religious organizations will be considered if a general need is being met and the program for which the grant is requested does not promote the teachings of a particular church or denomination

To Apply Contact:

- Bay Area Community Foundation: lkrause@bayfoundation.org or (989) 893-4438



communityGives Youth Service Program Application

Organization/Group: _____

Address: _____

Tax ID Number: _____

Main Contact _____

Phone Number: _____

E-mail Address: _____

Grant Amount Requested: **\$1,000**

Please Attach:

Organization Description – maximum of 250 words
- What is the mission/vision of your organization

Statement of Need – maximum of 250 words
1. What will the grant funds be used for?
2. What factors contribute to this need?
3. Why is this need important?

Volunteer Activity Proposal – maximum of 250 words
1. Volunteer Activity Description
2. Explanation of how the activity will benefit and/or improve the community
3. Location of the Volunteer Activity – Must be in the Great Lakes Bay Region
4. Project Length – Minimum of 3 Consecutive Hours
5. Cumulative Number of Volunteer Hours – Min. of 50 in two consecutive days
6. Number of youth participating in the volunteer activity

For Foundation Use Only:

Community Foundation: _____

Grant Application Number: _____

Following the Project, Please Submit:

- The Volunteer Activity Final Evaluation Report
- Photo/Media Release forms for every photographed person
- A minimum of 5 quality ELECTRONIC photographs highlighting your volunteer activity



communityGives Volunteer Activity Final Evaluation Report

Note: All grant applicants must submit this report within 2 weeks of completing the pre-approved community volunteer activity in order to receive grant funding.

Organization/Group: _____

Address: _____

Main Contact: _____ Phone Number: _____

E-mail Address: _____

Completed Volunteer Activity Information

Title of Volunteer Project: _____

Date(s) project was completed: _____

Number of K-12 volunteers: _____ Total number of K-12 volunteer hours: _____

President, Principal or Authorized Signatory (Print Name): _____

President, Principal, or Authorized Signatory (Signature): _____

Attachments to be submitted with this Volunteer Activity Report:

- **Narrative of Volunteer Activity:** maximum 250 words
 - Volunteer Activity Description – including location and benefiting organization
 - Explanation of how the activity benefited, impacted, and improved the community
 - Location of the Volunteer Activity – Must be in the Great Lakes Bay Region
 - Project Length – Minimum of 3 Consecutive Hours
 - Cumulative Number of Volunteer Hours – Minimum of 50
 - Number of youth participating in the volunteer activity
 - Reasons for any changes from the proposed volunteer activity

- **Attachments** – Please submit a minimum of 15 quality photographs of the volunteer activity along with any publications, news articles, or other materials related to the project.



communityGives - Volunteer Photo Release Form

**Please complete a separate release form for each person featured in the materials.
Please provide all the information asked for below.**

This Consent and Release ("Release") is effective as of _____, by and between _____ ("Participant") and the Bay Area Community Foundation (BACF), Midland Area Community Foundation (MACF), Saginaw Community Foundation (SCF), The Dow Chemical Company, and all of its affiliated companies (Collectively "DOW"). The parties anticipate and consent to Participant's name, image and/or recordings to be used and reproduced in any of the DOW, BACF, MACF, and SCF publications, media, and/or advertising (Collectively "Publications").

Release

Participant hereby grants DOW, BACF, MACF, and SCF the right to reproduce Participant's name, image, likeness, and recordings of Participant's statements in any Publications. This Release is for the worldwide use in any form, including electronic media and the Internet, by all affiliates of DOW, BACF, MACF, and SCF for the duration that the materials are used. This grant shall include all the necessary permissions for the rights without additional compensation. Participant explicitly releases and waives the rights of privacy, publicity, false advertising, libel, slander, defamation, misappropriation copyright and intentional infliction of emotional distress with regard to this grant and reproduction in any DOW, BACF, MACF, and SCF publication or advertising. _____ (participant's initials – or guardian's if under the age of 18)

Minor Child's Name (Please Print): _____

Participating with (Group Name): _____

Minor Child's Signature: _____ Date: _____

Signature of Parent/Guardian is required for Participants below the age of 18. Please include Parent / Guardian Information below.

Printed Name: _____ Signature: _____

Date: _____ Relationship to child: _____

Home Address: _____ City/ST/Zip: _____

Phone: _____ Email address: _____