

LINN COUNTY BOARD OF COMMISSIONERS



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DARRIN L. LANE
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LINN COUNTY YOUTH ACTIVITIES GRANT 2nd Round

The intent of this funding opportunity, made available by the Linn County Board of Commissioners, is to expand capacity of existing youth activity programs for Fall 2020. Funded projects should provide children with a chance to participate in organized activities that support opportunities for the development of social skills, physical activities, enrichment programs and growth, and interaction with appropriate adults coaches and mentors beyond their immediate household.

GUIDELINES

Please review guidelines carefully. You will be asked to attest your agreement with these guidelines as part of the grant application. Failure to comply with guidelines will result in a forfeiture of grant resources.

1.) Grantee has or will adopt safety and health procedures specific to stopping the spread of COVID 19 and agrees to operate in compliance with all Oregon Health Authority, State of Oregon, and Governor's mandates as related to COVID-19, including but not limited to:

A. Maintenance of confidential records related to:

1. Daily health screening of all participants
2. Adults who drop off/pick up

B. The requirement for wearing face coverings

C. Maintenance of proper social distancing

D. Maintenance of steady cohorts

E. Complying with requirements regarding group size

Information regarding current policies and regulations related to youth activities can be found at the Oregon Health Authority and Oregon Early Learning Division.

2.) Grantee has appropriate child safety policies and practices in place, including the supervision, screening and training of staff and volunteers who have contact with youth (attach copy to application).

3.) Funds are to be utilized in the delivery of grant approved activities only. Expenses may include personnel, supplies, promotion, facilities, etc. as outlined in the budget template.

Project Timeframe: Programs and services can be implemented starting September 1, 2020 and must be completed by December 31, 2020.

2nd Round Application Deadline: September 15, 2020

Please send completed applications by email to: hgravelle@co.linn.or.us

Linn County Youth Activities Grant Application Form - 2nd Round

Please ensure that you read and understand the application terms and criteria prior to completing the application. Do not modify the format. Submit your application in one file as a PDF.

Applicant Organization:																
Org. Annual Budget																
Amount of Grant Request:																
Org Complete Mailing Address:																
Contact Name:																
Contact Title:																
Contact Primary Phone:																
Contact Email:																
Responsible Party (if different than contact):																
Responsible Party Title:																
Responsible Party Primary Phone:																
Non-Profit / Org Tax ID Number:																
Indicate the objectives that your project will address.	Children need the opportunity to develop social skills Children need time with adults mentors beyond the households Children need organized physical & enrichment activities															
Select the grade levels this project serve:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															
Indicate the number of children (total) this project will serve:																

Project Title:

Project Start Date:

Project End Date:

Location(s) of project activities:

Provide a description of the proposed project (maximum 500 words):

Provide a description of how this project addresses the objectives selected above. (500 words max)

Describe your organization's expertise / experience with delivering this or other similar programs previously, including how you have identified a demand for this service at this time. (250 words max)

Total number of youth to be served by this project:

Identify the demographics of the project's target participants:

Provide zip codes for the communities which you intend to serve:

How will you communicate information about this project to attract participants?

Hours and Days of Operation of project:

Please tell us if you'll be providing additional supports and services along with this project such as nutrition, counseling, mental / physical health.

BUDGET INFORMATION:

Provide all estimated revenues that will support the project. Indicate for each applicable.			
Revenue Source(s)	Confirmed:	Pending:	Total:
Donations			
Fundraising Events			
Federal Government			
State Government			
United Way			
Registration / Participation Fees			
Linn County Youth Taskforce Request			
Other:			
Other:			
Other:			
Total Revenue Budget	\$	\$	\$

Provide all estimated expenses for the project. Indicate the expenses that LCYT is being requested to support, and the amount of the request.			
Expense Item:	Description:	Expense:	LCYT:
Staff Salaries/Benefits			
Instructor Fees			
Enrichment			
Project Supplies			
Equipment Rental			
Facility Rental			
Advertising/Promotion			
Food/Nutrition			
Other			
Indirect Cost			
Total Expense Budget			

If any in-kind goods or services will be contributed to the project please list them here:

Contributor:	Description	Value as Declared by Donor:

Will volunteers be involved in planning/delivery of the project?	Yes	No
If yes, how many volunteers?		

Please provide a brief description of how volunteers will be involved in the project:

APPLICANT DECLARATION:

Please confirm that you understand and agree with each of the following statements:	
	I have carefully read and understand the application guidelines, and I confirm that the organization I represent meets these criteria.
	I have attached a copy of my organization's policies and practices related to halting the spread of COVID 19. Including information on how all staff and volunteers will be trained in these policies and practices. We agree to comply with all OHD, State of Oregon, and Governor's mandates related to COVID 19 – including wearing of face coverings, social distancing, sanitization, and keeping accurate records related to participation.
	I confirm that to the best of my knowledge the statements in this application are complete and accurate.
	I agree that a completed Final Report including demographics served by this program and financial verification will be provided to the County's designee within 60 days of completion of the project.
	I have printed/downloaded a copy of our completed application.
	I have attached a copy of my organization's policies and practices related to youth safety, including volunteer/staff background screening, volunteer supervision, and any other policies related to youth safety.
	I have attached a copy of my organization's certificate of general liability insurance which indicates \$3M coverage.
	If funded I agree to add Linn County as an additional insured and to provide a copy of this certificate to their designee prior to implementing this project.
Name of Authorized Representative (please print)	Position
Signature	Date