



EPIC
COALITION

YOUTH ACTION GRANTS

EPIC's YOUTH ACTION GRANTS

The EPIC Coalition is looking for future leaders who want to make a positive difference in their community. Youth action grants (up to \$300) provide local young people (ages 11-20) from Cowlitz County, the opportunity to deliver a youth-led, community service project that aligns with EPIC's mission:

"Mobilizing community members and resources to support youth and families in building a safe, healthy, and drug-free lifestyle."

EPIC WILL SUPPORT COMMUNITY SERVICE PROJECTS THAT:

- Promote healthy and positive behaviors
- Benefit your school or community
- Identifies key components of the Social Development Strategy.
- Align with EPIC's mission and is Youth-LED
- Has the support of at least one adult (teacher, counselor, parent, mentor)

Examples of project ideas:

**Organize a cleanup day at the park *Plan an anti-vaping campaign at your school *Develop a project that promotes positivity & kindness *Red Ribbon Week activity *Host a prevention event*

Click [here](#) to get ideas about Prevention Week!

APPLICATION PROCESS

Step **one**: Tell us about your project by filling out an application form.

Step **two**: Send us your completed application form by email to: huyen.truong@esd112.org with the subject line: *EPIC Youth Action Grant*

Step **three**: The grant committee will review your application and contact you within two weeks of submission.

If you have any questions about your project idea, the application process, or would like help preparing your grant application:

*Email huyen.truong@esd112.org
or call 360-355-3142*

EPIC:

EMPOWERING PEOPLE & IMPACTING COMMUNITY

A group of committed volunteer members, working together to create healthy changes in our community.



info@epiclongview.org



www.epiclongview.org



360.355.3142



@epic98632



EPIC Coalition VIDEO



@epic98632

GRANT APPLICATION FORM

1 YOUTH PROJECT LEADER INFORMATION

(Must be 11-20 years old)



FIRST & LAST NAME

AGE

DO YOU LIVE IN COWLITZ COUNTY?

PHONE

EMAIL

WHAT SCHOOL DO YOU ATTEND? GRADE LEVEL?

2 ADULT SUPPORT INFORMATION

(Must be at least 24 years old and affiliated with a school or organization)

FIRST & LAST NAME

AGE 24+ Y N

RELATIONSHIP TO YOUTH PROJECT LEADER

MAILING ADDRESS

CITY

STREET

OR PO BOX

STATE

POSTAL CODE

TELEPHONE

EMAIL

WHAT IS THE BEST WAY TO CONTACT YOU?
(By phone or email; best time of day)

PART 2: PROJECT INFORMATION

1 TELL US ABOUT YOUR PROJECT. *Be sure to include how your project improves or promotes health in your school or community. Also how many people will be involved, location, and what COVID-19 safety measures will be in place.*

2 HOW WILL YOU KNOW YOUR PROJECT HAS BEEN A SUCCESS? *For example, feedback forms or by the number of people impacted by your project.*

3 HOW WILL YOU SHARE THE RESULTS OF YOUR PROJECT WITH US? *For example, by sending us photos of an event you hold or emailing us a short report.*

PART 3: PROJECT BUDGET & TIMELINE

- 1 PROJECT BUDGET** Provide a budget, outlining the amount of funds you are requesting (max \$300) and how it will be spent. Please note we may request copies of receipts for project expenses.

EXPENSES & DESCRIPTION	TOTAL COST (\$)	REQUESTED AMOUNT (\$)
TOTAL (\$):		

EXAMPLES OF ELIGIBLE EXPENSES:

- Equipment/venue rental
- Food for participants
- Project supplies

EXAMPLE OF INELIGIBLE EXPENSES:

- Projects that are planned and led by adults
- Trips/activities that take place outside of the project
- Overhead costs such as gas bill, phone bill, or monthly rent on a building
- Activities or supplies purchased BEFORE the grant has been approved

- 2 PROJECT TIMELINE** Provide a timeline including details of what you will do in your project, when you will do it and when you plan to complete your project.

DESCRIPTION OF ACTIVITY/TASK	STARTING DATE	COMPLETION DATE
ANTICIPATED PROJECT COMPLETION DATE:		

Think of your timeline as a TO DO list by outlining the tasks you will need to carry out to successfully complete your project.

PART 4: GUIDELINES CHECKLIST & AGREEMENT

- ① **GUIDELINES CHECKLIST.** *Go through the list below and check the boxes to ensure that your project is in line with EPIC guidelines.*

My project is youth-led (youth ages 11-20).

My project aims to improve health and/or positivity in my school or community.

My project is supported by at least one adult.

My project is completely filled out and answers all the questions.

- ② **AGREEMENT.** *Please check the boxes below and sign to indicate you and your adult support have read and agreed to them.*

All the information I have provided in this grant application is correct.

I understand that I may be asked to provide documentation of my project through photos, video, a short report, and/or receipts for project expenses.

I give permission for all details (including videos and pictures) of my project to be displayed by the EPIC Coalition on their social media, website or in other print/electronic forms and other community media.

YOUTH PROJECT LEADER NAME:

Date:

SIGNATURE(S): _____

If under 18, parent/guardian name & signature also required.

ADULT SUPPORT NAME(S):

Date:

SIGNATURE(S): _____

THANK YOU.

WE LOOK FORWARD TO READING YOUR APPLICATION!

