

Project Application Checklist

Youth Philanthropy Contest

Before you turn in your project, please be sure to review all of the following:

- Reviewed the 2020 Contest Guidelines ☐
- Completed ALL sections on the Contact Information Sheet (*page 1*) ☐
- Completed ALL questions on the Project Description Sheet (*pages 2-3*) ☐
- Completed a DETAILED Project Expense Sheet (*page 4*) ☐
- Reviewed the 2020 Event Details (*page 5*) ☐
- Marked the required participation dates on your calendar: ☐
 - Youth Project Showcase (*Saturday January 23rd 3:30pm - 5:00pm*)
Petrified Wood Gallery
 - Project Kick-Off Pizza Party - Funded Projects Only (*February 9th*
6pm - 7pm) *Petrified Wood Gallery*
- Determined who will represent your project at these events ☐
- Reviewed the sample project scoring rubric (*page 6*) ☐
- Completed the Fundraiser Supplemental Application if your project is a fundraiser (*page 7*) ☐
- Completed Consent/Media Release forms for EVERY participant (*see page 8*) ☐
- Completed all pieces of my display and/or video (*to be turned in with my application*) ☐

Contact Information

Youth Philanthropy Contest

PO Box 104

Ogallala NE 69153

Email: info@keithcountyfoundation.org

Barb Jeffres, 308-289-5392

Mary Jensen, 308-289-4595

Youth Philanthropy Contest Contact Information Sheet
Please complete all 6 pages completely including media releases.

Project Name: _____

Name of Individual or Group: _____

Main Contact Person: _____

Mailing Address: _____

City _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____

How do you prefer to be contacted? ☐ E-mail ☐ Text ☐ Phone call

How did you hear about the Youth Contest?

☐ School ☐ Club/Organization ☐ Social Media ☐ Radio/Newspaper ☐ Friend/Relative

☐ Other : _____

Age Group: ☐ 3rd-5th ☐ 6th - 8th ☐ 9-12th

-- If a group has mixed ages, the age group will be determined by the age of the oldest youth participating.--

How many people are in your group? _____

Please list the names/ages of each group member below.
A signed media release form is required for each person. (see page 6 of this packet for the media release form)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*You may attach a sheet for additional members if you do not have enough space here.

Please include a one sentence summary of your project on the back of this sheet. This summary will be used to promote and help fund your project.

What do I do with my contest application and display once they are done?
Projects can be dropped off at the Petrified Wood Gallery, 418 East 1st Street during the following times:

Friday, January 22nd, 3:00-4:45 pm Saturday, January 23rd, 9:30-11:30 am

When you drop off your projects, a committee member will check through all your paperwork and then escort you to a table where you can set up your project display for judging. The Selection Committee will review projects that same day, during which time they will select the contest winners.

Project Description

For more information, see Youth Philanthropy Contest Guidelines

Here is your chance to tell us what you want to do to make your community a better place. Please respond to each of the following questions. Please feel free to use additional paper.

1) What is your project?

2) Does your project meet ALL of the following qualifications? (Please check each box indicating your project meets these criteria)

- ☐ Has a positive impact on the community
- ☐ Can be completed before October 1st
- ☐ Project results directly benefit Keith County, Nebraska
- ☐ Is charitable in nature (*which means it must focus on serving the public interest or common good*)
- ☐ Directly involves youth in the work and project completion
- ☐ If the project benefits a community organization, that organization has been contacted and given permission (*if applicable*).

3) WHO will this project serve and how will they benefit from it?

4) WHAT impact will this have on your community?

5) **HOW** are you going to do it? Please explain the goals of your project and how you will meet them.

6) **WHO** is going to help you make it happen?

7) **WHY** do you think your project should receive funding?

8) **What type of display** have you included with your application to help better explain your idea?

If you have a video to submit, what is the link? _____

**Please see contest guidelines for more detailed information about video submission.*

If your project benefits a community organization or group, you must have permission from that group to complete your project **BEFORE** you turn in this application. If this applies to you, who did you speak to?

Organization Name: _____

Organization Contact Person: _____

Date: _____

Project Expenses

How are you going to spend your project money? Determining the actual expenses ahead of time will make your project flow much more smoothly. **Please detail all expenses related to your project.**

Item Description	Qty.		Cost/Each		Total Cost (qty. x cost)
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
Total Amount Needed for this Project				*	\$

*** Project funding will equal your budget and will not exceed \$1000.**

If your project exceeds your budget, how will you cover those costs?

In-Kind/Donations

(What other support do you expect for your project?)

Item Description

Donation Value

Item Description

Donation Value

Youth Inspired Philanthropy (YIP)

Contest Details



Project Drop-off

Projects can be dropped off at the Petrified Wood Gallery, 418 E 1st, during the following times:

Friday, January 22nd, 3:00-4:45 pm

Saturday, January 23rd, 9:30-11:30 am

Youth Project Showcase

Contest winners will be announced and participation is required at our Youth Project Showcase Event. Each project must have at least one representative present, but we encourage all group members participating in the project to attend. Participants will be asked to talk about their projects during a short program and winners will be announced. Family and friends are invited to join us. Everyone will have a chance to review the display. Refreshments will be served. The Youth Project Showcase is a free event and open to the public.



Project Kick-off Pizza Party

If your project gets funded through the contest, we will see you again at the YIP kick-off. Each project must have at least one representative present. Each classroom or large group project should select 3-5 representatives to attend. This is where you will meet your mentors, review project expectations, and begin the first steps to completing your YIP project. Please respond to info@keithcountyfoundation.org including YIP in the subject box.

Youth Project Celebration



We will wrap up the year with a final Youth Project Celebration in October. All funded projects will be expected to report on their success and the impact their project had. Details on the celebration event will be announced at the kick-off event.

All the events will be held at the Kenfield Petrified Wood Gallery.

Youth Philanthropy Project Scoring Rubric

Project Name: _____

Evaluator: _____

Project Qualifications (Must have all Yes's to be scored)	Yes	No
Has a positive impact on the community		
Can be completed by October 1 st of this year		
Project results directly benefit Keith County NE		
Is charitable in nature		
Directly involves youth in the project work		
If the project benefits a community organization, that organization has been contacted and given permission (if applicable).		

Judging Criteria	1 – 3	4 – 7	8 – 10	Score
Project designed to benefit community	Change is mainly superficial, limited community benefit, or is not unique	Change is mainly superficial, but unique benefits realized in community	Change is significant; new and unique benefits are realized in the community in a substantial way	
Participants understand their impact	Does not state or imply that impact will be made	Implies, but does not clearly state the impact that will be made by the project	Clearly and passionately states the impact the project will have on their community	
Easy-to-understand project and attainable goals	Unrealistic, confusing and goals are not understandable	Somewhat realistic, goals are stated, but not clear	Realistic, clearly defined, and goals are understandable	
Philanthropy displayed through the project	Does not demonstrate key components of philanthropy	Will demonstrate the true meaning of philanthropy with proper guidance	Clearly demonstrates philanthropy through project presentation and application	
Budget itemized and within project guidelines	Not itemized and/or not within project guidelines	Not itemized; fits in guidelines but lacks details	Itemized; fits within project guidelines; and is well researched	
Visual Presentation and Application	Messy and unattractive project display and application	Neat project display and application; appealing to the eye	Attractive project display and application; enhances the application	
Total				/60

Fundraiser Supplemental Application

(For more information see the Youth Application Guidelines)

This form is only necessary if your contest application includes fundraising.

1. What is the goal of your fundraiser (to make money, to raise awareness, etc.)

2. Explain how the money raised through the fundraising event would be used. (who it would be donated to or if it would go to purchasing things for an organization, etc.)

3. Provide a detailed plan of action for hosting the fundraiser. (include the date of the fundraiser, steps to get there, etc.)

Media Release and Consent to Participate

Required by each contest participant – please make copies as needed

Youth Philanthropy Committee
For the
Keith County Foundation Fund
Contact persons: Barb Jeffres or Mary Jensen
P.O. Box 104, Ogallala, NE 69153
Phone: 308-289-5392 or 308-289-4595
info@keithcountyfoundation.org

Permission to Photograph/Quote

Participant's Name: _____

I agree that the Youth Philanthropy committee may use photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, promotion, advertising and web content.

I also agree that the Youth Philanthropy committee for the Keith County Foundation Fund may use my comments upon approval for similar promotional purposes.

I understand the Youth Philanthropy committee is a subcommittee of the Keith County Foundation Fund, an affiliated fund of the Nebraska Community Foundation, a nonprofit organization, which exists to help concerned citizens to mobilize charitable giving in support of the betterment of Nebraska communities and organizations. I further understand that I will not receive compensation for the use of my photographs or comments.

As a parent, I understand that my child wishes to participate in this contest. I will support them in their efforts. If I have questions I can contact Barb Jeffres or Mary Jensen. Their contact information is listed at the top of this page.

I have read and understand the above:

_____ Participant Printed Name	_____ Participant's Signature	_____ Date
_____ *Parent/Guardian Printed Name	_____ *Parent/Guardian Signature	_____ Date

**Required if participant is 18 years of age or younger*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Club or Organization (if applicable): _____