

Department of Workforce Services- High School Youth Support Grant
Grant Application Cover Sheet

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Federal Tax ID #: _____

This organization is doing business as: Individual/Sole Proprietor For-Profit Corporation
 Non-Profit Organization (attach 501(c)(3) letter) Government Agency

Grant Funds Requested: _____

EXECUTIVE DIRECTOR OR EQUIVALENT (person authorized to sign grant application and/or awarded contract):

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ **Date:** _____

GRANT ADMINISTRATOR (Grant Administrator, Program, Director, Principle Investigator, etc.)

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

FINANCE CONTACT

Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

GEOGRAPHIC LOCATION (Check all boxes that apply for proposed program site)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Beaver County | <input type="checkbox"/> Emery County | <input type="checkbox"/> Morgan County | <input type="checkbox"/> Summit County |
| <input type="checkbox"/> Box Elder County | <input type="checkbox"/> Garfield County | <input type="checkbox"/> Piute County | <input type="checkbox"/> Tooele County |
| <input type="checkbox"/> Cache County | <input type="checkbox"/> Grand County | <input type="checkbox"/> Rich County | <input type="checkbox"/> Uintah County |
| <input type="checkbox"/> Carbon County | <input type="checkbox"/> Iron County | <input type="checkbox"/> San Juan County | <input type="checkbox"/> Utah County |
| <input type="checkbox"/> Davis County | <input type="checkbox"/> Juab County | <input type="checkbox"/> Salt Lake County | <input type="checkbox"/> Wasatch County |
| <input type="checkbox"/> Daggett County | <input type="checkbox"/> Kane County | <input type="checkbox"/> Sanpete County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Duchesne County | <input type="checkbox"/> Millard County | <input type="checkbox"/> Sevier County | <input type="checkbox"/> Wayne County |
| | | | <input type="checkbox"/> Weber County |

Department of Workforce Services- High School Youth Support Grant
Program Information

Organization: _____

SECTION A: SITE CONTACT INFORMATION

Site/Program Name: _____

Address: _____ City: _____ State: Utah Zip Code: _____

Program Contact Name: _____ Position: _____

Phone: _____ Email: _____

The program is (please check one):

- A **new program**
- An **existing program**

Check all DWS services the afterschool program has arranged to include in the program (suggested, not required):

- WIA Youth
- Refugee Services
- Work Keys
- Utah Futures

Check the **two** primary areas of prevention/education the program proposes to offer:

- | | |
|---|--|
| <input type="checkbox"/> Addiction Prevention | <input type="checkbox"/> Physical Activity & Nutrition |
| <input type="checkbox"/> Civic Engagement | <input type="checkbox"/> Self-Concept & Emotional Intelligence |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Violence & Gang Prevention |

SECTION B: RISK DETERMINATION

Please indicate the percentage of youth in each category the program serves or plan to serve.

Youth eligible for free and reduced school lunch:

Youth with non- or limited- English capabilities:

High School Graduation Rate for school(s) served:

SECTION C: PROGRAM DETAILS

Grade level (s) served: _____

On average, what is the current number of youth being served per day (Average Daily Attendance, ADA)? _____

What is the number of youth the program proposes to serve per day (proposed ADA): _____

Indicate the number of youth the program expects to serve per year (unduplicated): _____

Indicate when the program operates: Before school Afterschool Summer Weekends

How many weeks will the program operate during the school year? For this purpose a week is defined as a minimum of two school days during a calendar week. _____

How many weeks will the program operate during the summer/interim (when school is not in session)? _____

Please insert the hours of the day that this program is currently operating during the school year (i.e. 2:30-5:00)

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Total Weekly Hours _____

Please insert the projected Hours of Operation for new/expanding programs during the school year (i.e. 2:30-6:00)

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Total Weekly Hours _____

Registration fee per youth per year and explanation of the required sliding fee scale: