



MARCIA A. LECLERC
MAYOR

TOWN OF EAST HARTFORD

DEPARTMENT OF YOUTH SERVICES

50 CHAPMAN PLACE
EAST HARTFORD, CONNECTICUT 06108
TELEPHONE (860) 291-7179
WEBSITE: EASTHARTFORDCT.GOV/YOUTH-SERVICES



East Hartford Youth Services Mini-Grant Application

The East Hartford Department of Youth Services is requesting proposals for Mini-grants of up to \$1,200 per application to East Hartford community groups that are either led by or intended to benefit youths, ages 12-18 in East Hartford.

Qualifying organizations/groups must plan to facilitate a project or program which fulfills 1 of 3 categories’:

1. Out of School Time i.e. before or after school initiatives
2. Positive Youth Development programming
3. Service Learning Initiatives.

Grants may not be used for religious instructions, for materials not directly related to this program/project, capital expenses, or donations to other organizations.

Applications for the East Hartford Youth Services Mini-Grants Program are available at www.easthartfordct.gov

Applications must be completed and received by East Hartford Youth Services, C/O EHYS Mini Grant Program 50 Chapman Place, East Hartford, CT 06108, no later than 4:00 pm, October 15, 2019. Letters of Support/ Recommendation are also required. Grant recipients whose proposals have been selected will be notified by the first week of November, 2019. All funds awarded must be expended by June 1, 2020 and final budget expenses must be received by June 15, 2020.

Projects selected will be based upon recommendations of the East Hartford Youth Advisory Board and availability of funds. Submitting an application does not guarantee selection and there is no guarantee of funding in the future.

For additional information please contact Cephus Nolen @ East Hartford Youth Services 860-291-7179 or by email at: cnolen@easthartfordct.gov.



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Who Should Apply

Local East Hartford nonprofits 501 C 3 organizations, local governmental or educational entities, neighborhood groups or other appropriate organizations.

To Apply:

1. Please read the entire packet before applying
2. Read the project descriptions and select projects (s) that best match the mission and skill of your organization or group.
3. Fully Complete the Mini-Grant application
4. Send the complete application to : **East Hartford Youth Services**

50 Chapman Place

East Hartford CT, 06108

Or email to: cnolen@easthartfordct.gov

Applications due by 4:00pm on October 15, 2019

5. Enclose a Letter of Support

Decisions will be based on recommendations from the **East Hartford Youth Advisory Board** and the availability of funds. Submitting an application does not guarantee selection.

East Hartford Youth Advisory Board: The Youth Services Advisory Board shall study continuously the conditions and needs of young people in the community and analyze the services for youth provided by the community, both by public and private agencies, and shall make recommendation regarding matters concerning the youth of the community.”



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Project /Program Categories that will be funded

1. Out of School/After School Initiatives

- a. Increase opportunities for Out of School programs that provide support for youth ages 12-18 in East Hartford during non-school hours.
- b. To provide for the educational, social, emotional and physical wellbeing of youth.

2. Service Learning Initiatives

- a. Activities that combine community service with education and reflection to create civic engagement opportunities for youth ages 12-18 years.
- b. Funding for service projects in the areas of health, education, public safety and the environment (i.e. opportunities to give back to the community)

3. Positive Youth Development:

- a. Activities that Increase prosocial interactions that engages youth 12-18 years within their communities, peer groups, and families in a manner that is productive, constructive, and enhances young people's skills.
- b. Programs and activities that promote positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership skills.



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Application Information

1. Organization Information

- a. Name of Organization:
- b. Address:
- c. Email Address
- d. Phone Number
- e. Contact Person (name & title)
- f. What is your organization's mission?

2. Please Indicate the Project/Program Category

- a. Out of School Time
- b. Service Learning
- c. Positive Youth Development

3. Tell us about the project : *Please attach a narrative that indicates*

- a. Name of the Proposed project/program
- b. Explain what role do youth play in the planning /oversight of the project/program
- c. Described the proposed project including activities and targeted population
- d. Please include a timeline of the proposed project

4. Tell us how you would indicate success of the project/program

Please attach a narrative

- a. How will you evaluate success of the project?
- b. Describe the population served including the age range and number of youth expected to participate in the project/program
- c. How will you plan to sustain the proposed program after this year's funding is no longer available?



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Budget Summary: Total amount requested for this grant (not to exceed \$1,200)

Please list budget using this format. You do not need to request funds in every category

BUDGET ITEM CATEGORY	AMOUNT REQUESTED
PERSONNEL/STAFF	
CONTRACTUAL SERVICES	
TRAVEL/ TRANSPORTATION	
ADMISSIONS/ FEES	
MATERIALS/SUPPLIES	
FOOD	
PRINTING /COPYING	
OTHER COSTS-PROVIDE DETAILS	
TOTAL AMOUNT REQUESTED	\$

- **Please attach a budget narrative to each requested item.**
- **Letters of Support:** Please attach a letter of support indicating the need for the project in your neighborhood, school and /or community. The letters should be from adults or youth who are knowledgeable about the proposal, program or project.

I certify that to the best of my knowledge and belief the information in this application is true and correct and signed by the person duly authorized by organization. I hereby understand that if program/project has any unspent funds, it is required to return these funds to the East Hartford Youth Services C/O East Hartford Youth Advisory Board, 50 Chapman Place, East Hartford, CT 06108.

Signature

Title

Date



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Final Budget Summary

(Due by June 15, 2020)

PROJECT Name: _____

Total Amount of Grant received: \$ _____

Please list the amount of grant funds spent in each budget item category

BUDGET ITEM CATEGORY	AMOUNT SPENT
PERSONNEL/STAFF	
CONTRACTUAL SERVICES	
TRAVEL/TRANSPORTATION	
ADMISSIONS /FEES	
MATERIALS/SUPPLIES	
FOOD	
PRINTING/COPYING	
OTHER COSTS	
TOTAL AMOUNT SPENT	

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