



# Youth and Family Affairs Committee Project Funding Application



*This grant application is for Youth Programs that will take place during the FY25-26 budget year  
(July 1, 2025-June 30, 2026)*

## **SECTION A**

Agency		Years existing:	
Project/Program		Program:	
Director's Name		Phone	
Application Lead		Phone	
Website		Fax:	
Email		# Employees:	
Physical Address			
Mailing Address			
Mission Statement:			

## **SECTION B**

### **CHECK ALL THAT BEST DESCRIBES YOUR PROGRAM/PROJECT**

- Education for gang prevention/life skills
- Gang prevention
- Family basic needs
- After school/out of school skills program

- Mentoring program
- Parent/guardian workshop
- Parent/youth activities
- Basic Needs - providing, linking, and or referring (ie. Food shelter, resources)

What is the total funding requested?

\$
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How will YFAC funding be used?

Check if additional sheets are used

Category (Salaries, Supplies, etc.)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total (subtotal if using additional sheets)</b>	<b>\$</b>

**SECTION C: SUSTAINABILITY**

**PROGRAM BASICS: SUSTAINABILITY**

Detail your program/project “SMART” goals. (specific, measurable, attainable, relevant and time-bound). List by each goal.

<u>Goal:</u>
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<u>Performance measure:</u>
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<u>Data collection plan:</u>
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**Ultimate Outcome:**

**Timeline:**

**Provide a schedule of activities.**

**How long is this program expected to last? What measures will determine visibility?**

**What are your goals for years 2-6 & 7-10?**



**Number of unduplicated individuals served last year/last time program was active:**

<b>0-5 yrs. old:</b>	<b>6-12 yrs. old:</b>	<b>13-18 yrs. old:</b>	<b>19+ yrs. old:</b>
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**What is the number of families served?**

**What was the total number of individuals served from the City of Lawton?**

<b>African American:</b>	<b>Asian:</b>	<b>Alaskan:</b>
<b>Caucasian:</b>	<b>Hispanic:</b>	<b>Indigenous:</b>
<b>Pacific Islander:</b>	<b>Multiple:</b>	<b>Other:</b>
<b>Male:</b>	<b>Female:</b>	<b>Other: Self Designated:</b>

**SUCCESS STORIES**

**Provide 3 success stories**

**Existing and New Programs**

**If there are similar programs in Lawton, describe how the program/project is significant and different.**

**Explain the experience the staff/volunteers have to meet the needs of those to be served.**

**List and describe collaborations.**

**How will the program limit access to Lawton and at-risk youth and their families?**

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**PROGRAM EFFECTIVENESS**

All programs must align with at least one building block for healthy development listed in the Search Institute of America's 40 Developmental Assets. Select one from each of the 4 categories for both Internal and External for a total of 8 selections. Describe how they line up with the program/project.

**INTERNAL ASSET**







**Attach additional pages as needed.**

Check if additional sheets are used

**PROGRAM BUDGET**

**Current program budget. Complete attached budget sheet.**

\$	
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**List current funding sources**

Check if additional sheets are used

Category	Source	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total (subtotal if using additional sheets)</b>		\$

**Use additional sheets if necessary.**

# Youth and Family Affairs Committee Application Checklist

	Completed Application
	Audited Financial Statement and Audit Report
	Most recent Tax Return Form 990
	Year to Date Financial Statement
	Agency Budget/Organization Operating Budget
	501(c)(3) Letter of Exempt Status (Yours or Your Sponsor Organization)
	Current Organizational By-Laws or Operating Agreement
	Current List of Board of Directors
	Has reviewed the sample Support Agreement and agrees to adhere to all of the conditions of said agreement
	Any additional comments or information you believe would assist YFAC in the review/evaluation process

**NOTE: Complete application packets shall be submitted to the City Clerk’s Office no later than 5pm on the last day of the application period.**

1. Applications will be evaluated by YFAC
2. Site visit will be scheduled
3. YFAC will make a recommendation to the City Council regarding funding requests
4. City Council will approve/deny funding requests
5. City Clerk’s office will be the point of contact for submitted reimbursement claims once an executed agreement is in place