

CMAF Youth Advisory Council Funding Application

The Columbus Medical Association Foundation (CMAF) developed the Youth Advisory Council to assist the Foundation in its grantmaking that targets youth and youth-led programming. The Council is composed of high school students ranging in age from 13 to 18 years. Each of these youth represent a school and/or community within Central Ohio.

Grantmaking Guidelines

- ✎ Proposals accepted for initiatives/programs that affect the health of the youth in Greater Columbus.
- ✎ Activities must improve existing and/or add new program activities that will have a greater impact on the health of youth.
- ✎ Funds will be distributed to the community to affect strategically targeted areas of concern identified by the Youth Advisory Council.

Proposals are due the last Wednesday of each month by 4:30PM.

Program representatives are pre-scheduled to make proposal presentations during Council meetings that are held on the third Tuesday of the month.

Grants that are submitted after April will be deferred until the Youth Advisory Council's June meeting.

Grantee Requirements

Programming should provide an opportunity for education and/or activities that focus on one or more of the following youth health priorities (2022):

1. Mental Health and Suicide
2. Addiction and Substance Abuse
3. Sexual Health and Pregnancy
4. Bullying and Peer Pressure
5. Body Image and Self Esteem
6. Basic Needs (e.g., food, shelter, clothing, etc.)
7. Racial Equity

✎ The organization must have a tax-exempt 501(c)(3) certification from the federal government or be a county/state/or federal government agency.

✎ A completed proposal including:

Completed "Youth Funding Application Form"
(Review the Grant vs. Sponsorship Checklist for assistance)

A brief written proposal (Required questions provided with application)

A copy of the Internal Revenue Service letter stating the organization is a non-profit or an instrumentality of local or state government.

✎ Presence at a Council meeting for discussion of proposal with Q&A opportunities with Council members. (Meeting date and time provided in advance.)

✎ Send your proposal by mail or email
CMAF Youth Advisory Council
1390 Dublin Road
Columbus, Ohio 43215.

Email: ewomack@columbusmedicalassociation.org

Final Evaluation: Grantee will be required to submit a final evaluation on programs awarded grant funding. Evaluation must include receipts that represent the total funding received from the CMAF, and is due no later than 30 days after the funded program's completion.

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CMAF Youth Advisory Council Funding Checklist:

Grant and Sponsorship Awards

- Grant and sponsorship requests should not exceed \$2,000.
- There is the presence of youth leadership in the development and implementation of the project.

Grant: Workshop or program is within a school, non-profit and/or youth group.

Sponsorship: Event that is community-wide and inclusive.

Youth Advisory Council Funding Criteria:

Does your program/event comply with the following criteria? Check all boxes before applying for funding:

- Program/event targets youth and/or is designed by youth.
- Program/event target one or more of the Council's funding priority areas.
- Program/event material is age appropriate.
- Program/event empowers youth to make healthy lifestyle choices.

Your program/event must not directly support any of the following:

- Individuals
- Private Foundations
- Political or religious activities
- Ongoing operating expenses (THIS INCLUDES EMPLOYEE SALARIES)
- Indirect or administrative overhead costs
- Deficits, endowments or research

*Award Requirement: Successful grantees must use the Youth Advisory Council logo in publicity, booths at the program/event and further acknowledgement. Logo will be sent to the coordinator with award payment.

The CMA Foundation's Youth Council health advocacy grantmaking priority supports projects that increase the understanding of the psychological, social, and behavioral risk factors that influence health and identifies effective interventions for enhancing health-promoting behavior.

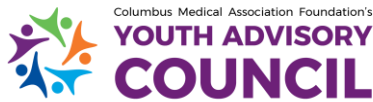
Health advocacy is a comprehensive social process that embraces actions directed at strengthening skills and capacities necessary for health. It enables people to improve their own health by increasing their knowledge and control over their health. Health promotion is directed at changing social, environmental, and economic conditions so that healthier individuals and communities will be the result. Broad-based participation is essential to sustain health promotion action.

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Written Proposal Requirements

Please provide responses for the following questions. Responses to each question should be 150 words or less:

1. What is the history, mission, purpose, size and goals of the organization? (Please provide an updated list of the youth committee members or youth involved with the project if applicable.)
2. What are the goals and objectives of the desired project? Please provide an overview of the entire project, including proposed activities.
3. What is the project timeline? And how will the project be implemented?
4. Describe the population served by the organization. What is the target population for the project?
5. How will you promote and what type of media will you use? Please attach your media and promotion plan.
6. How will you measure the success of your project and receive feedback?
7. Will the project be continued in the future? If so, explain the plans for securing future support.
8. What is the budget for the project? Be sure to include the following:
 - statement of need,
 - line-item budget
 - other sources (or potential sources) of funding.



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Funding Application

Please respond to all questions in the space provided on the application form. Submit one original of the completed application form along with the brief written proposal.

FUNDING TYPE (Please refer to funding specific requirements) Grant Sponsorship

APPLICANT ORGANIZATION

Organization Name _____

Agency Director/Title _____

Contact Person for Funding Proposal _____

Address _____

City, State, Zip Code _____

Office Phone _____ Mobile _____

Date Established _____

Non-profit Classification _____ Federal ID # _____

Website _____

EVENT/PROGRAM

Proposal Title _____

Amount Requested _____

Event Period _____

Start Date

End Date

Event Location (if different from organization address)

Event/Program Coordinator:

Name

Title

Telephone

E-mail: _____