



Jump Starters Grant Application

Getting Started

PROJECT INFORMATION SHEET

Please answer the following questions about your project. Be honest and complete. You may not know all the answers yet, but we encourage you to research and discover the information.

1. Project Name _____
 2. Group Name _____
 3. Date your team participated in emPowerU Programming:
 School Based Community Based
Date: _____
 4. Legal name of sponsor organization, address, and name of main adult sponsor
 - a. School or sponsor organization _____
 - b. Full address _____
 - c. Adult sponsor _____
 - d. Phone (with area code) _____
 - e. FAX number (with area code) _____
 - f. Email address _____
 5. Contact person, title, address (if different from adult sponsor)
 - a. Name _____
 - b. Title _____
 - c. Full address _____
 - d. Phone (with area code) _____
 - e. FAX number (with area code) _____
 - f. Email address _____
 6. List partners _____

 7. Give a brief summary of your service-learning project (100 words or less)

- Total Project Cost: _____
8. Match (at least 25% of total cost) _____
 9. Amount requested from Jump Starters: _____
Amounts must match the amounts from your budget page.
 10. Project start date: _____
 11. Project end date: _____
(Maximum grant period is one year).

PROJECT TEAM

Identify your team members. Tell us how each team member is involved in your project (i.e., what role will they play?) Please be specific.

Name	Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please name your adult sponsor(s) for your project.

Name	Phone Number	Email address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are other resources available in your community that may help you with your project? Please list each community partner you plan to work with on your project.

Name of Group or Organization	Contact Name	Contact Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROJECT REQUEST

Tell us about your project. What community challenge will this project address? Who are the beneficiaries of your project?

How many beneficiaries will your project serve? Please specify the number of people.

Why did your team choose this community challenge project?

Identify clearly stated objectives and outcomes, and how you will measure your progress. (In other words, how will you know your project is a success?)

What kinds of research might you explore to make your project a success?

Describe your method for reflection, including examining each stage of your project and evaluating results.

PROJECT BUDGET

*Include items **NECESSARY** for your project*

A Note on Salaries and Administrative Costs:

- Adult sponsors may request payment for non-contract hours, not to exceed \$28.00 per hour, for hours outside of contract time spent working with students on your Jump Starters project.
- Adult sponsors may count contract time hours spent working with students on your Jump Starters project toward the required 25% match.
- Requests for payment for other personnel or use of youth volunteer equivalent rates as part of your 25% total project match must be consistent with rates paid for similar work in the labor market of your community. On your checklist at the end of this application, please attach letters documenting rates reflected in your Jump Starters budget. Your Heartland Foundation contact can assist you with this requirement.

BUDGET

Add Lines as Needed

Item	Quantity X Price Per = Total	Community Support and/or In-kind Match	Amount Requested from JUMP Starters	Project Budget Totals
1. Personnel				
A. Salaries and Wages				
B. Consultants and Contract Services				
2. Non-Personnel				
A. Supplies and Equipment				
B. Transportation				
C. Refreshments				
D. Other				

*** Double check all math!**

BUDGET EXPLANATION

Total Project Budget: _____

(The total project budget includes both the Match and the Grant Request amounts.)

Total Community Support and/or In-kind Match: _____

(The match amount must be at least 25% of the project budget; your HF contact can help you determine and meet this requirement.)

Total Amount Requested from Jump Starters: _____

(Maximum \$10,000)

*** Please make sure the above totals are correct here and on the cover page.**

Explain in paragraph form why these budget items are needed:

List sources and amounts of matching funds for your project. Also describe how you plan to verify and track matching funds for your project. For example, student time sheets, receipts, or signed letters from partners.

PROJECT TIMELINE

When do you plan to begin your project? _____

When do you plan to end your project? _____
 (Maximum grant period is one year).

To assist you in your grant planning, please complete the below timeline chart.

** Jump Starters Grant Applications must be received by Heartland Foundation at least two weeks prior to the project start date.*

Timeline Chart

Task #	Timeframe (WHEN?)	Activity (WHAT activities are you planning to do and WHY are you doing them?)	Responsibility and Participants (WHO is involved?)	Deliverable (OUTCOME-what is the product that will result from the project or the result you hope to see?)

PROJECT CHECKLIST

Please ensure all the components listed below are completed and submitted.

- Project Information Cover Page
- Project Team List
- Project Request Page
- Budget and Budget Explanation
- Project Timeline
- Letters of commitment from each partnering group or organization
- Letters of commitment for matching funds or equivalent for your project