YOUTH CHALLENGE GRANT APPLICATION

PARTICPANT INFORMATION

1a. Applicant's Name: QUINN TRAVIS GHS Senior Class	2a. Adult Sponsor's Name: KRIS TRAVIS
1b. Applicant's Address: HIGHSCHOOL: 800 W. OHIO AVE, GUNNISON CO 81230	2b. Adult Sponsor's Address: 220 CR 48, Gunnison, Co
1c. Applicant's Phone: Home: Cell: (970) 275-9573 QUINN'S #	2c. Adult Sponsor's Phone: Home: Cell: (970) 209-6422
1d. Organization: PROJECT GRAD - GHS SENIOR CLASS	

PROJECT INFORMATION

3. Which project/program best describes your activity:

__Cultural ✓Recreation __Sports ✓Education __Other

4. Brief description of project/program:
PROJECT GRAD - SENIOR CLASS GRADUATION ACTIVITY. WE CAMP OUT AT BLUE MESA CAMPGROUND THE NIGHT OF GRADUATION. THIS IS AN ACTIVITY FOR THE SENIOR CLASS TO STAY SAFE & SOBER. A BUS DRIVES US OUT THERE & WE DO ACTIVITIES THROUGHOUT THE NIGHT.

5. When will the event take place: MAY 17, 2015

6. Where will the event take place: BLUEMESA CAMPGROUND

___Within City Limits ✓Other: GUNNISON COUNTY

7. Age(s)/Grade(s) your project/program will target:

Age(s) 17 & 18 YEAR OLDS

Grade(s) SENIORS

8. How many participants do you expect: 50 - 60

9. Other groups involved with project/program:

a. _____

b. _____

PROJECT FUNDING – PLEASE INCLUDE BUDGET

10. Grant Request: $ 1000.00 (OR ANY AMOUNT)

Matching Funds $_____

Total $ 1000.00

*Source of Matching Funds: a. _____

b. _____

11. Who to make the check payable to: PROJECT GRAD

12. Applicant's Signature: _____ Date: 2/3/15

Adult Sponsor's Signature: _____ Date: 2/2/15

GRANT AWARD FORM

I agree that this event will be alcohol, drug, and tobacco free. Failure to comply with this requirement will result in The City of Gunnison requiring all funds that have been awarded to be returned.

I agree that a post event presentation will be conducted in front of City Council or Youth City Council within 30 days after the event. This presentation shall include what the awarded funds were used for, number of persons affected, and any changes that would be implemented were the event to be held again.

I agree that a complete accounting of awarded funds will accompany the final presentation. In addition, any remaining funds shall be returned to the Youth Challenge Grant Committee.

Signature of Applicant: _____ Date: 2/2/15

Signature of Adult Sponsor: _____ Date: 2/2/15

Chief of Police: _____ Approve Disapprove

Community Resource Police Officer: _____ Approve Disapprove

Recreation Supervisor: _____ Approve Disapprove

City Clerk: _____ Approve Disapprove

Finance Director: _____ Approve Disapprove

Youth City Council Representative: _____ Approve Disapprove

* Office Use Only

City of Gunnison
Accounts Payable Voucher

CK#_____

Vendor#_____

Payable To:			
Address:			
City:			
Item Description	Date	Amount	Account Number
Grant Award		$	
Approval: Dept Date Initials:	Account Review Date	Special Instructions:	