**Young Community Changemakers**

**Grant Application 2021**

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| **Organization Information** |

**Organization Legal Name:**

**AKA/DBA Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Number:**

**Website Address:**

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| **Background Information** |

**Organization Mission Statement:**

**Brief Organization History:**

**Current Programs:**

**Population Served by Organization:**

*(Include demographic information, total number served, and organization’s service area)*

**Enter the number of unduplicated persons served last year from each CMF community listed below:**

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| --- | --- | --- | --- | --- | --- |
| **Bridgeview** |  | **Hinsdale** |  | **Oak Brook** |  |
| **Brookfield** |  | **Hodgkins** |  | **Riverside** |  |
| **Broadview** |  | **Indian Head Park** |  | **Stickney** |  |
| **Burr Ridge** |  | **Justice** |  | **Summit** |  |
| **Clarendon Hills** |  | **La Grange** |  | **Westchester** |  |
| **Countryside** |  | **La Grange Park** |  | **Western Springs** |  |
| **Darien** |  | **Lyons** |  | **Westmont** |  |
| **Downers Grove** |  | **McCook** |  | **Willowbrook** |  |
| **Hickory Hills** |  | **North Riverside** |  | **Willow Springs** |  |

**Number of Full Time Employees:**

**Has your organization developed a strategic plan in the last 5 years?**

**Total annual organization budget:**

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| **Contact Information** |

**Prefix:**

**First Name:**

**Last Name:**

**Title:**

**Office Phone:**

**Email Address:**

**Current Programs:**

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| **Request Information** |

**To Which Funding Cohort are you applying?**

*(Please check ONE. Organizations can only apply to one funding cohort, not both.)*

**Funding Cohort A**

Cohort A seeks to*increase health equity by reducing the health, social and economic barriers to optimal well-being and quality of life****.***They are particularly interested in requests that reduce barriers at the intersectionality of language, cultural competence, and ability to pay.

**Funding Cohort B**

Cohort B seeks to*provide services that promote good mental and behavioral health, in order to reduce stigma and treat youth and adults in need.* They are particularly interested in requests that provide equitable mental health counseling services for people ages 11-19, irrespective of language, race/ethnicity, immigration status or ability to pay.

**Grant Amount Requested:**

*(Each funding cohort of the YC2 Program will award 1-3 grants totaling up to $15,000, for a collective investment of up to $30,000)*

**Timeframe in which the funds will be used:**

**How many unduplicated persons will be served from CMF target communities?**

**How does your mission and programming address your funding cohort’s particular priority?**

**Describe how you will use operating dollars to move your mission forward? What will the funds be used for?**

**Describe how you determine if your organization makes a difference in the health of the target population.**

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| **Supporting Material** |

**Audited Financial Statements**

*Audited financial statements for the last fiscal year, or if unavailable, copy of 990*

**List of funders**

*A current list of foundations, corporations, governmental agencies, and individuals which funded the organization in the past fiscal year, including amounts contributed ($1,000 and above), if not included in the enclosed annual report*