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**Opportunity Youth Incentive Fund**

**Youth Entrepreneurship Fund**

**Application COVER SHEET**

**Please complete all shaded portions and check appropriate boxes.**

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | | |
| Name of Applicant Organization: |  | |
| Address: |  | |
| Point of Contact: |  | |
| Contact Email Address and Phone Number: | Email: | Phone: |
| Project Start and End Dates: | Start: | End: |
| Total number of opportunity youth served by proposed project: |  | |
| Partner(s): |  | |
| Target sub-population:  (if applicable, check all that will be an explicit focus of your project design) | Parenting youth  Young men of color Youth involved in the juvenile/criminal justice system  Youth transitioning out of foster care  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Sectoral focus:  (if applicable) | Health care  Hospitality  Entertainment  Technology  Manufacturing  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Project Summary:  (max 250 word overview of the proposed project) |  | |
| Total amount requested: | **$50,000** | |
|  | | |
| Authorized signature:  *By signing, you attest to the accuracy of the proposal to the best of your knowledge, that you are authorized to submit the proposal on behalf of your organization, and of your intent to execute the project and to participate in learning and evaluation activities as described in the RFP. [Electronic signatures are accepted.]* | | |
| [Name] [Title / Organization] [Date] | | |
|  | | |

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| **BUDGET** | | |
| **FUNDING REQUEST:** List the project expenses that will be paid for with the Youth Entrepreneurship Fund investment. | | |
| **Category** | **Description** | **Amount** |
| Staff: | Position and amount per position | $ |
| Re-grant/Pass-through to Partners | List amount for each | $ |
| Consultant/Professional Services: |  | $ |
| Travel: |  | $ |
| Materials/Supplies/Food: | List types and amount for each | $ |
| **Add major expense categories/rows as needed:** |  | $ |
| **Project Expenses Total for Funding Request** | | **$** |
|  | |  |
| **OTHER FUNDING:** (complete as applicable; estimates are fine) | |  |
| Other costs to be covered by partners (include in-kind) | |  |
| Existing match funds (include pending) | |  |
| Additional funding still to be raised | |  |
| **TOTAL PROJECT BUDGET** | |  |

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| --- |
| **ATTACHMENTS** |
| **•** Letters of commitment and/or Memoranda of Understanding from partners of the proposed pathway or otherwise needed for the success of the project.  • If any of the proposed pathway components (e.g. entrepreneurship curriculum) have existing documentation of the approach or outcomes (descriptive report, evaluation, etc.) please include as an attachment.    **Electronic submission of proposals is required. Proposals are due to the attention of: Yelena Nemoy (Yelena.Nemoy@aspeninstitute.org). Deadline for submission is September 26, 2017, 5:00 p.m. Eastern Time.** |