



Agency Application

March 2010

Applicant Name & Title: _____

Agency Name & Address: _____

Phone: () _____ Fax: () _____ E-mail: _____

Please provide some overview information about your organization:

Year Organization founded _____ Annual Organization Budget _____

Annual Budget for Youth Services (if different than Organizational Budget) _____

Number of Full Time Youth-Serving Staff _____ Number of Part Time Youth-Serving Staff _____

Organizational Structure (501 c 3, within school or existing governmental unit, other?) _____

In answering the following questions, please use separate paper. Please limit responses to 4-pages, excluding attachments.

1. Briefly describe your organization and youth program(s). What is your mission? What values or philosophies guide your agency's work? Provide youth demographic information across *number youth served annually, age, race/ethnicities, socio-economic, geography, and other relevant identity categories. Describe where your program takes place.* Please attach relevant brochure.
2. Describe the support your organization has from its Board of Directors (or volunteer advisors) and executive staff to make organizational changes in order to bring youth into meaningful roles within the organizational structure.
3. What does 'youth-driven space' mean to you and why are you interested in having your agency participate in this project? What evidence is there that your organization is ready to participate?
4. Briefly outline key executive and program staff, their longevity and roles within the organization. Who will be dedicating time resources to lead project's goals and activities?

OVER

5. How would you characterize your organizational capacity and stability over the next three years? What funding, fund development plans, organizational capacity (including staff) and community support do you expect?

6. Additional Comments.

The following questions should be co-answered by teen participants from your program:

7. How does youth driven practice reflect the overall value, goals or mission of your organizations and programs? What role(s) do youth currently play and how do you feel their participation may be enhanced by participating in this initiative?

8. What is the interest and commitment among core youth participants to have increased leadership roles and get more involved in the programs and organization?

Please provide name/contact information (email) for youth supporting this application. Additionally we encourage letters of support from youth members with your application.

Please sign below in acknowledgment of agency commitment to participate in all project events over 2010-11:

Executive Director

Date

Youth Reviewer Name

e-mail contact

Youth Reviewer Name

e-mail contact

Youth Reviewer Name

e-mail contact

Return this signed form to:

**John Weiss, Executive Director
310 E. Washington Street
Ann Arbor, MI 48104
734,214.9995**

Or by Fax: 734.214.9997

Or by e-mail: weiss@neutral-zone.org

Due Date: April 5th 2010