**Youth Philanthropy Contest Contact Information Sheet**

**Please complete all 6 pages completely including media releases.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Individual or Group: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Contact Person: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | | | | | | | |  | | State: | | | | |  | | | | | |  | Zip: | |  |
| Home Phone: | | | | | |  | | | | | | | | | | | | | | | | | | |  | | Cell Phone: | | | | | | |  | | | | | | | |
| E-Mail: | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| How do you prefer to be contacted? | | | | | | | | | | | | | | |  | | | E-mail | | | | | |  | | | Text | | | | | |  | | Phone call | | | | | | |
| How did you hear about the Youth Contest? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | School | | |  | | | | | | Club/Organization | | | | | | |  | | Social Media | | | | | | |  | | | | Radio/Newspaper | | | | | | |  | | | Friend/Relative | |
|  | I have participated in the Youth Contest before | | | | | | | | | | | | | | | | | | | | |  | | Other: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age Group:** | | | | |  | | | | K – 4th | | |  | | 5th – 6th | | | | | |  | | | 7th – 8th | | | | |  | | | 9th – 12th | | | | |  | | Young Adult (thru age 25) | | | |
| *-- If a group has mixed ages, the age group will be determined by the age of the oldest youth participating.--* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many people are in your group? | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |

**Please list the names/ages of each group member below.**

A signed media release form is required for each person.*(see page 6 of this packet for the media release form)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Age** |  | **Name** |  | **Age** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*You may attach a sheet for additional members if you do not have enough space here.**

**Please include a one sentence summary of your project.** This summary will be used to promote and help fund your project.

|  |
| --- |
|  |

**What do I do with my contest application and display once they are done?**

Projects can be dropped off at the Lifelong Learning Center in Norfolk on the campus of Northeast Community College, 801 East Benjamin Avenue, during the following times:

**Friday, February 3rd, 3:00-6:00 pm Saturday, February 4th, 8:00-10:00 am**

When you drop off your projects, a committee member will check through all your paperwork and then escort you to a table where you can set up your project display for judging. The Selection Committee will review projects that same day, during which time they will select the contest winners.

**Project Description**

*For more information, see Youth Philanthropy Contest Guidelines*

Here is your chance to tell us what you want to do to make your community a better place. Please respond to each of the following questions. Please feel free to use additional paper.

|  |
| --- |
| 1. **What is your project?** |

|  |  |  |
| --- | --- | --- |
| 1. **Does your project meet ALL of the following qualifications?** *(Please check each box indicating your project meets these criteria)* | | |
|  |  | Has a positive impact on the community |
|  |  | Can be completed before October 1st |
|  |  | Project results directly benefit Northeast NE |
|  |  | Is Charitable in nature *(which means it must focus on serving the public interest or common good)* |
|  |  | Directly involves youth in the project work |
|  |  | If the project benefits a community organization, that organization has been contacted and given permission *(if applicable)*. |

|  |
| --- |
| 1. **WHO will this project serve and how will they benefit from it?** |

|  |
| --- |
| 1. **WHAT impact will this have on your community?** |

|  |
| --- |
| 1. **HOW are you going to do it? Please explain the goals of your project and how you will meet them.** |

|  |
| --- |
| 1. **WHO is going to help you make it happen?** |

|  |
| --- |
| 1. **WHY do you think your project should receive funding?** |

|  |
| --- |
| 1. **What type of display have you included with your application to help better explain your idea?** |

|  |  |
| --- | --- |
| **If you have a video to submit, what is the link?** |  |

*\*Please see contest guidelines for more detailed information about video submission.*

**If your project benefits a community organization or group**, you must have permission from that group to complete your project **BEFORE** you turn in this application. If this applies to you, who did you speak to?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization Name: |  | | | |  | |
| Organization Contact Person: | |  |  | Date: | |  |

**Project Expenses**

**How are you going to spend your project money?** Determining the actual expenses ahead of time will make your project flow much more smoothly. **Please detail all expenses related to your project.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Qty. |  | Cost/Each |  | Total Cost  (qty. x cost) |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
|  |  | X | $ | = | $ |
| Total Amount Needed for this Project \* | | | | | $ |

|  |
| --- |
| ***\**** *Project funding will equal your budget and will not exceed $1000.* |
| **If your project exceeds your budget, how will you cover those costs?** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In-Kind/Donations**  (What other support do you expect for your project?) | | | | | | |
| **Item Description** |  | **Donation Value** |  | **Item Description** |  | **Donation Value** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Project Application Checklist**

*Youth Philanthropy Contest*

**Before you turn in your project, please be sure to review all of the following:**

|  |  |
| --- | --- |
| Reviewed the 2017 Contest Guidelines |  |
| Completed ALL sections on the Contact Information Sheet *(page 1)* |  |
| Completed ALL questions on the Project Description Sheet *(pages 2-3)* |  |
| Completed a DETAILED Project Expense Sheet *(page 4)* |  |
| Reviewed the 2017 Event Details *(page 6)* |  |
| Marked the required participation dates on your calendar: |  |
| Celebrate Giving | Youth Project Showcase *(February 4th 5pm – 7pm)* |  |
| Project Kick-Off Pizza Party – Funded Projects Only *(February 9th 6pm – 7pm)* |  |
| Youth Project Celebration – Funded Projects Only *(October 17th TBA)* |  |
| Determined who will represent your project at these events |  |
| Reviewed the sample project scoring rubric *(page 7)* |  |
| Completed the Fundraiser Supplemental Application if your project is a fundraiser *(page 8)* |  |
| Completed Consent/Media Release forms for EVERY participant *(see page 9)* |  |
| Completed all pieces of my display and/or video *(to be turned in with my application)* |  |
| Liked us on Facebook (Philanthropy Council of Northeast Nebraska) |  |
| Followed us on Twitter (@YPcontest) |  |

**Contact Information**

Youth Philanthropy Contest

PO Box 714

Norfolk, NE 68702-0714

Phone: April Martens, 402-644-0354

E-mail: [youthcontest@philanthropycouncilne.org](mailto:youthcontest@philanthropycouncilne.org)

[www.philanthropycouncilne.org](http://www.philanthropycouncilne.org)

**Youth Contest Event Details**

**Project Drop-off**

Projects can be dropped off at the Lifelong Learning Center in Norfolk on the campus of Northeast Community College, 801 East Benjamin Avenue, during the following times:

**Friday, February 3rd, 3:00-6:00 pm Saturday, February 4th, 8:00-10:00 am**

**Celebrate Giving | Youth Project Showcase**

**Youth Project Showcase**

Youth Philanthropy Contest Winners Announced!!

**Saturday, February 4th**

**5pm – 7pm**

Lifelong Learning Center on the campus of Northeast Community College

**Business Casual Dress**

Contest winners will be announced and **participation is required** at our Celebrate Giving event. Each project must have at least one representative present. Participants will display their project and talk to potential funders during the Youth Project Showcase. Family members are invited to join us. Projects that are NOT funded through the contest may receive additional funding from guests at this event. Come ready to talk to people and sell your project idea. Tickets are not required to attend the Youth Project Showcase.

You and your family may purchase tickets for the Celebrate Giving dinner following the Youth Project Showcase. For more information, please visit our website: [www.philanthropycouncilne.org](http://www.philanthropycouncilne.org)

**Project Kick-Off Pizza Party**

**Thurs, February 9th**

**6pm – 7pm**

Lifelong Learning Center

Northeast Community College

**Casual Dress**

**Circle your favorite pizza toppings:** cheese

pepperoni sausage vegetables beef ham

**Project Kick-Off Pizza Party**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Name:** |  | | |  |
| Participants attending the Project | | | |  |
| Kick-Off Pizza Party: | | |  |  |
|  | | | |  |
| Food Allergies: | |  | |  |
|  | | | |  |

If your project gets funded through the contest or a private donor, we will see you again for our Youth Contest Project Kick-Off. Each project must have at least one representative present. Each classroom or large group project should select 2-3 representations to attend. This is where you will meet your mentors, review project expectations and begin the first steps to

completing your youth philanthropy project. Please RSVP in the box to the right.

**Youth Project Celebration**

We will wrap up the year with a final Youth Project Celebration. Mark your calendars for **Thursday, October 17th.** More information to come.

**Youth Philanthropy Project Scoring Rubric**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: |  | | | Evaluator: | |  | | | |
|  | | | | | | |  |  | |
| **Project Qualifications (Must have all Yes’s to be scored)** | | | | | | | **No** | | **No** |
| Has a positive impact on the community | | | | | | |  | |  |
| Can be completed by October 1st of this year | | | | | | |  | |  |
| Project results directly benefit Northeast NE | | | | | | |  | |  |
| Is charitable in nature | | | | | | |  | |  |
| Directly involves youth in the project work | | | | | | |  | |  |
| If the project benefits a community organization, that organization has been contacted and given permission (if applicable).  **SAMPLE** | | | | | | |  | |  |
|  | | | | | | | | | |
| **Judging Criteria** | | **1 – 3** | **4 – 7** | | **8 – 10** | | | **Score** | |
| **Project designed to benefit community** | | Change is mainly superficial, limited community benefit, or is not unique | Change is mainly superficial, but unique benefits realized in community | | Change is significant; new and unique benefits are realized in the community in a substantial way | | |  | |
| **Participants understand their impact** | | Does not state or imply that impact will be made | Implies, but does not clearly state the impact that will be made by the project | | Clearly and passionately states the impact the project will have on their community | | |  | |
| **Easy-to-understand project and attainable goals** | | Unrealistic, confusing and goals are not understandable | Somewhat realistic, goals are stated, but not clear | | Realistic, clearly defined, and goals are understandable | | |  | |
| **Philanthropy displayed through the project** | | Does not demonstrate key components of philanthropy | Will demonstrate the true meaning of philanthropy with proper guidance | | Clearly demonstrates philanthropy through project presentation and application | | |  | |
| **Budget itemized and within project guidelines** | | Not itemized and/or not within project guidelines | Not itemized; fits in guidelines but lacks details | | Itemized; fits within project guidelines; and is well researched | | |  | |
| **Visual Presentation and Application** | | Messy and unattractive project display and application | Neat project display and application; appealing to the eye | | Attractive project display and application; enhances the application | | |  | |
| **Total** | | | | | | | | **/60** | |

**Fundraiser Supplemental Application**

*For more information, see Youth Philanthropy Contest Guidelines*

This form is only necessary if your contest application includes fundraising:

|  |
| --- |
| 1. **What is the goal of your fundraiser** *(to make money, to raise awareness, etc.)* |

|  |
| --- |
| 1. **Explain how the money raised through the fundraising event would be used.** *(who it would be donated to or if it would go to purchasing things for an organization, etc)* |

|  |
| --- |
| 1. **Provide a detailed plan of action for hosting the fundraiser.** *(date of fundraiser, steps to get there, etc.)* |

**Media Release and Consent to Participate**

***Required of each contest participant – please make copies as needed***

Philanthropy Council of Northeast Nebraska

Contact Person: April Marten

Address: PO BOX 714, Norfolk, NE 68702-0714

Phone: 402-644-0354 Email: youthcontest@philanthropycouncilne.org

**Permission to Photograph/Quote**

|  |  |  |
| --- | --- | --- |
| **Participant’s Name:** |  |  |

I agree that the Philanthropy Council of Northeast Nebraska may use photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, promotion, advertising and web content.

I also agree that the Philanthropy Council of Northeast Nebraska may use my comments upon approval for similar promotional purposes.

I understand the Philanthropy Council of Northeast Nebraska is an account of the Norfolk Area Community Foundation Fund, an affiliated fund of the Nebraska Community Foundation, a nonprofit organization, which exists to help concerned citizens to mobilize charitable giving in support of the betterment of Nebraska communities and organizations. I further understand that I will not receive compensation for the use of my photographs or comments.

As a parent, I understand that my child wishes to participate in this contest. I will support them in their efforts. If I have questions I can contact April Marten, her contact information is listed at the top of this page.

I have read and understand the above:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Participant Printed Name |  | Participant Signature |  | Date |
|  |  |  |  |  |
| \*Parent/Guardian Printed Name |  | \*Parent/Guardian Signature |  | Date |
| *\*Required if participant is 18 years of age or younger* | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: | |  | | | | | |  | |
| City: |  |  | |  | State: |  |  | Zip: |  |
| Club or Organization *(if applicable)* | | |  | | | | |  |  |

**Comunicado de prensa y consentimiento para participar**

**Requisito de cada participante del concurso – por favor, haga copias según sea necesario**

Comité de Filantropía del Noreste Nebraska

Persona de Contacto: April Marten

Dirección: PO BOX 714, Norfolk, NE 68702-0714

Teléfono: 402-644-0354 Correo electrónico: youthcontest@philanthropycouncilne.org

**Permiso para Fotografiar / Citar**

|  |  |  |
| --- | --- | --- |
| **Nombre de Participante:** |  |  |

Estoy de acuerdo en que el Comité de Filantropía del Noreste Nebraska puede utilizar fotografías mías con o sin mi nombre y para cualquier propósito legal, incluyendo los propósitos tales como publicidad, Ilustración, promoción, propaganda y contenido de web.

También estoy de acuerdo que el Comité de Filantropía del Noreste Nebraska puede usar mis comentarios sobre aprobación para propositos promocionels similares.

Entiendo que el Comité de Filantropía del Noreste de Nebraska es parte de las cuentas de la Fundación de la Area Comunitaria de Norfolk y estan afiliados con fondos de la Fundacion de Comunitari Nebraska Comunidad Fundación, una organización no por ganancia, que existe para ayudar a los ciudadanos preocupados en movilizar obras de caridad en dar apoyo para el mejoramiento de las comunidades y organizaciones de Nebraska . Además, entiendo que no recibiré compensación por el uso de mis fotografías o comentarios.

Como padre, yo entiendo que mi niño(a) desea participar en este concurso. Yo lo(a) apoyaré en su esfuerso. Si tengo alguna pregunta me puedo comunicar con April Marten, su información de contacto aparece en la parte superior de esta página.

He leído y entiendo lo anterior:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Nombre impreso de participante: |  | Firma de participante |  | Fecha |
|  |  |  |  |  |
| \*Nombre impreso del padre |  | \*Firma del padre |  | Fecha |
| *\*Required if participant is 18 years of age or younger* | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dirección: | |  | | | | | | | |  | |
| Cuidad: |  |  | |  | Estado: |  |  | Código postal: | | |  |
| Club o Organización: *(si es applicable)* | | |  | | | | | |  | |  |