2027 Summer Youth Program Fund Application Preview

Section 1: Organization Information (completed on the Organization Profile)

1. Organization Name
2. Organization DBA
3. Organization EIN
4. Organization Address
5. Organization Address
6. Applicant Name (*This is the person who is filling out the application and will serve as the main point of contact between funders and the organization, including notifications regarding grant award, final reports, etc.)*
7. Applicant Title
8. Applicant Email
9. Applicant Day-Time Phone

Section 2: Organization Checklist

Update Organization Profile Now

1. Your Organizational Profile must be accurate and current prior to submitting a new application.
2. Click the Save Draft button at the bottom of your screen NOW to save your application before navigating away from it.
3. Click on the Update Organization Profile button below to update all contents of your organization profile that are not current.

Update Organization Profile

*Profile Update Confirmation:

☐ By checking this box, I hereby confirm that I have updated any and all information in the organization profile before submitting the current application.

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Section 3: Fiscal Sponsorship

*Are you submitting this application via a fiscal sponsorship?

DEFINITION OF FISCAL SPONSORSHIP: Fiscal sponsorship is an arrangement between a 501(c)(3) charitable organization (the "Sponsor") and a person, group, or organization, that usually, but not always, does not have its own 501(c)(3) public charity tax-exempt status (the "Project"), in which the Sponsor agrees to accept certain tax-deductible donations for use by the Project. In order for a Sponsor to undertake a fiscal sponsorship arrangement, the Sponsor's and the Project's missions must be aligned.

Yes/No

*If yes, what is the Organization Name of the fiscal Sponsor listed on the IRS website?

1. A fiscal Sponsor is a 501(c)(3) organization (the "Sponsor") that agrees to accept certain tax-deductible donations for use by a person, group, or organization, that usually, but not always, does not have its own 501(c)(3) public charity tax-exempt status (the "Project").
2. Search for the fiscal Sponsor's **Organization Name** on the IRS Tax Exempt Organization Search: https://apps.irs.gov/app/eos/.

*If yes, what is the EIN of the fiscal Sponsor?

1. A fiscal Sponsor is a 501(c)(3) organization (the "Sponsor") that agrees to accept certain tax-deductible donations for use by a person, group, or organization, that usually, but not always, does not have its own 501(c)(3) public charity tax-exempt status (the "Project").
2. Search for the fiscal Sponsor's **EIN** on the IRS Tax Exempt Organization Search: https://apps.irs.gov/app/eos/.

Section 4: Program Overview

1. Proposal Title (*Name of your summer program)*
2. Executive Director Contact
3. Executive Director Day-Time Phone
4. Executive Director Email
5. Program Contact (*This person is connected to day-to-day implementation of the program and may be different than the applicant or executive director. If funders or evaluators have questions about scheduling site visits or other questions, this is the person they will contact.)*
6. Program Contact Role

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7. Program Contact Day-Time Phone
8. Program Contact Email
9. Primary Category (Select 1)
    a. **Daily:** *Program meets daily throughout the summer and provides all-day, low-cost care to families; may incorporate many types of activities throughout the summer.*
    b. **Youth Employment:** *The primary purpose of the program is to provide summer jobs to teens.*
    c. **Overnight or Residential:** *Traditional overnight camps, often but not always for a week-long experience.*
    d. **Enrichment:** *All other summer programs, including most arts, sports, academic enrichment, college or career exploration, and leadership development programs. This category includes programs that "drop in" or partner with daily programs to offer programming.*
10. Focus Area 1 (Select from drop-down menu) (required)
    a. **Academic enrichment**
    b. **Academic remediation**
    c. **Arts**
    d. **College or career exploration**
    e. **Career skills training or entrepreneurship**
    f. **Food or nutrition**
    g. **Leadership development**
    h. **Mental health or SEL**
    i. **Outdoor recreation**
    j. **Physical fitness or sports**
    k. **STEM**
11. Focus Area 2 (Select from drop-down menu) (optional-only complete if there are additional focus areas)
12. Focus Area 3 (Select from drop-down menu) (optional-only complete if there are additional focus areas)
13. Program Start Date
14. Program End Date
15. Total days program will be provided
16. Total number of weeks in a summer session
    Some programs run multiple sessions over the course of the summer, i.e., the program may last a month but include four week-long sessions.
17. Total number of summer sessions offered
    How many separate iterations or sessions will be offered during the summer.
18. Will 2027 be the first year your program is offered? If not, what year did your program start?
19. How will you recruit participants to the program?
20. What is the program fee per child?

This is the amount families pay to enroll their child. If the fee is assessed weekly, please note. This is NOT what it costs your organization per child to run the program.

21. Are full or partial scholarships available? If yes, please describe the amount, how many discounts/scholarships are available, and how recipients are identified.
22. Is there a discount offered for households sending more than one child to the same program? If yes, explain the discount structure.
23. What can every child expect to gain who goes through your summer program? In other words, what are the goals at the heart of your program?
24. Please provide a thorough description of your summer program.
    Include how the program is structured, what the key activities of the program are, who the program serves, and other details to help reviewers understand what takes place during the summer program. If activities differ by age group, clarify. Your response should help reviewers clearly visualize what happens during your program.
25. Does this program contain faith-based elements? If yes, please describe.
26. Do licensed teachers lead your summer programs? *(If your FOCUS AREA 1 is Academic enrichment or remediation)*
27. Academic Prep Activities table *(If your FOCUS AREA 1 is Academic enrichment or remediation)*
28. What are the goals of your youth employment program? If your program is targeted to specific youth, please describe. (helper text: please respond since your selected PRIMARY CATEGORY is youth employment)
    a. Academic subject (write-in)
    b. Activity type (write-in)
    c. Frequency (write-in)
    d. Grade level (write-in)
29. Describe what kinds of employment opportunities are available and how youth are recruited and trained. (helper text: please respond since your selected PRIMARY CATEGORY is youth employment)
30. Will youth employees (ages 15-22) get paid an hourly rate, a weekly rate, or a stipend? (helper text: please respond since your selected PRIMARY CATEGORY is youth employment)

    30a. What hourly rate will you pay youth employees? How many hours per week will they work?

    30b. What weekly rate will you pay youth employees? How many weeks will they work?

    30c. What stipend did you pay youth employees? What was the length of their employment?

Section 5: Activities and Outcomes

1. Please indicate which meals your program provides: Breakfast, Lunch, Snack, Dinner

2. Does your organization need help connecting to food assistance (e.g., Second Helpings, Gleaners, etc.)?
3. Does your organization provide transportation to/from your site?
4. Does your organization provide transportation for field trips?
5. Who is your most significant partner to carry out your program? What is the partner's role and your role? What do you hope to achieve due to the partnership?
6. Complete the chart of three key activities of your summer program:

	A: Program/Activity	**B: Quantifiable Goal of Activity**	**C: Description**	**D: Frequency**	**E: Measurement**
Ex	*Literacy instruction and activities*	*80% or more of participants will increase reading grade level by one or more grades*	*Phonics and decoding lessons, small group literacy instruction, sustained silent reading*	*4 times/week x 1.5 hours/ea*	*Macmillan Readers Level Test pre- and post*
1					
2					
3					

7. How will you evaluate the outcomes and impact of your summer program?
8. Are youth involved in the design or planning of your summer program?
    a. If yes, please describe how youth are involved in the design or planning of your summer program or activities.

Section 6: Enrollment and Staffing

There are multiple charts to fill out to help reviewers understand the demographics of who you serve. The number of total enrolled youth should be the same in each table.

Gender Identity	**Number of Youth Projected**
Male	
Female	
Non-Binary	
Don't know or unreported	

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Total	*This will automatically total, showing the total # of youth served. The total should match the totals in the other enrollment charts.*

Race & Ethnicity	**Number of Youth Projected**
Black/African American	
White	
Latin(o)(a)(x)/Hispanic	
American Indian or Alaska Native	
Asian/Pacific Islanders	
Multi-racial	
Don't know/unreported	
Total	*This will automatically total, showing the total # of youth served. The total should match the totals in the other enrollment charts.*

Age/Grade Level	**Numbers of Youth Projected**
Pre-K	
K-1	
2-3	
4-5	
6-8	
9-12	
Post high school	
Don't know or unreported	

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Total	*This will automatically total, showing the total # of youth served. The total should match the totals in the other enrollment charts.*

** Please use "rising" grade level, I.e., what grade level students will enter the fall after your summer program.*

Poverty	**Number of Youth Projected**
Youth living in poverty	
Don't know or unreported	
Youth above poverty line	
TOTAL	*This will automatically total, showing the total # of youth served. The total should match the totals in the other enrollment charts.*

Disability	**Number of Youth Projected**
Youth with a diagnosed disability	
Youth without a diagnosed disability	
Don't know or unreported	
TOTAL	*This will automatically total, showing the total # of youth served. The total should match the totals in the other enrollment charts.*

Staffing	**Number of Staff**
Full-time paid SUMMER staff	
Part-time paid SUMMER staff	
Full-time unpaid volunteers	
Part-time unpaid volunteers	
TOTAL	*This will automatically total, showing the total staff.*

We want to understand how you cover your staffing needs for the summer program.

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- ☐ *Full-time paid summer staff can include year-round employees who help staff the summer program or temporary full-time summer staff that you hire for the season.*
- ☐ *Part-time paid summer staff can include year-round part-time staff who help staff the summer program or temporary part-time staff that you hire for the season.*
- ☐ *Some programs use volunteers to staff their summer program. Volunteers can include unpaid interns. Paid interns should be included in your paid staff counts.*

Enrollment & Staffing Questions

1. If your program serves youth with disabilities, what kinds of accommodations do you provide?
2. What is your staff-to-youth ratio? If you serve multiple ages, please include youth ratio broken out by age group.
3. Do your staff reflect the demographics of youth participants? If no, what efforts will you make to recruit and hire summer program staff who reflect the demographics and/or share lived experiences with youth?
4. What is the average hourly wage for your full-time summer program staff?
5. What is the hourly wage for your part-time summer staff?
6. Did you experience workforce issues in the summer of 2026? If so, what are you changing for 2027 to ensure you are fully staffed?
7. How many of your staff are multi-lingual?
8. Please indicate which of the following trainings and certifications your summer program staff receive. Check all that apply.
    - ☐ First aid
    - ☐ CPR
    - ☐ Mental health first aid or equivalent
    - ☐ Child abuse identification and reporting
    - ☐ Food handling
    - ☐ Cultural competency or diversity, equity and inclusion
    - ☐ MCCOY Youth Staff Training (“Rookie Boot Camp”)
    - ☐ Youth development or summer program best practices
9. Please list training providers for any of the trainings indicated above.
10. List any additional training (and providers) that your summer program staff receive.
11. Does your organization do background checks on all summer program staff? Y/N

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Section 7: Budget

See the video "SYPF Budget Tables" on the SYPF webpage at https://indianapolisfoundation.org/indy-summer-youth-program/ for additional guidance on completing the SYPF budget tables. The budget tables below and in Smart Simple include sample items. We strongly recommend adding detail to the "description column."

1. **Total Request to SYPF**

Table 1: Program Budget

This budget table shows the total cost of operating your summer program.

Category	Example	Projected Cost	Description
Full-time staff salaries, wages, and benefits	Two full-time staff @ 40 hours/week x $35/hour x 6 weeks		We strongly encourage you to add detail to show how expenses were calculated.
Temporary summer staff salaries, wages, stipends and/or benefits	2 temporary staff @ 30 hours/week x $18.75 hour x 6 weeks		
Youth wages	10 youth @ $12/hour x 25 hours/week x 5 weeks		This should only be filled out if your program's primary purpose is youth employment. All others should leave it blank.
Program supplies	T-shirts @ $10/each x 30		
Transportation	Miller Transportation for 2 r/t field trips @ $800/ea		
Meals and snacks	Donated by Second Helpings		
Rent, utilities or other space costs	$400/week x 4 weeks for community room		
Equipment	none		
Licensure/training for summer staff	$37/ea x 4 staff for Red Cross First Aid/CPR training		
Other			Use as needed
Other			Use as needed

TOTAL			This is the total cost of your summer program, including all funding sources

Table 2: Sources of Funding for Your Summer Program

This table shows the breakdown of your request to SYPF (I.e., how SYPF funds will be spent) as well as other income sources for your summer program.

- *Funded from committed sources may include grants from other funders, dollars allocated from your general operating budget, projected enrollment fees, etc.*
- *Funded from potential other sources is where you list funding that is not yet secured but that you are planning to seek. This may include additional grants, sponsorships, etc.*
- *In-kind is the value of donated services or goods.*

Category	Funded by SYPF Request	Funded from Committed Sources	Funded from Potential Other Sources	In-Kind or Donated
Full-time staff salaries, wages, and benefits	*This column should show how you plan to use SYPF funding.*	*This column shows how you'll fund these expenses from other "in hand" sources.*	*This column shows where you are planning to seek additional grants, sponsorships or other funding.*	*This column shows the value of in-kind or donated goods and services.*
Temporary summer staff salaries, wages, stipends and/or benefits				
Youth wages				
Program supplies				
Transportation				
Meals and snacks				
Rent, utilities or other space costs				
Equipment				

Licensure/training for summer staff				
Other				
Other				
TOTAL	***This amount should equal the TOTAL REQUEST TO SYPF above.***	***The total of these three columns + the total of your request to SYPF should equal your total program budget in Table 1.***		

2. Did the cost of your program increase by 10% or more over your 2026 request? If yes, please explain.
3. Did your request to SYPF increase by more than 10% over 2026? If yes, please explain.
4. How will you adapt or change your program if you don't receive your full SYPF request? Please be as specific as possible.

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Section 8: Additional Questions

1. If selected for a 2027 SYPF grant, is your organization willing to accept a government-funded award, disbursed on a cost reimbursement basis (as opposed to up-front)? Yes/No
   - If yes, would you be willing to accept the grant if it is funded with Federal funds to include Community Development Block Grant (CDBG) funding? Yes/No
   - If yes, would this be the first time your organization would be administering reimbursable federal funds? Yes/No
2. Has your program or organization been impacted by recent funding cuts? Yes/No
   - If yes, by how much?
   - If yes, which funding sources have altered?
   - If yes, how is the funding shift impacting your organization and programming?
3. Would the project be willing to accept partial funding? (Yes/No Dropdown question)
   - If yes, what is the minimum amount of funding from your original request needed for the project to move forward? *(250 word max)*
4. How would the project's scope, timeline, or outcomes change if partially funded, and which elements of the project would still continue in the event of future funding challenges? (250 word max)
5. How has the organization adapted to previous funding or operational challenges related to its summer program? (250 word max)

Section 9: Documentation

1. Carried over from your completed Organization Profile
   - 990 or Audited Financial Statements
   - Board of Directors List (with affiliations and officers listed) mark female members with
   - Current Fiscal Year Board Approved Budget with Most Recent Year to Date Actual Financial Information

2. Upload
   - Year-End Statement of Activity (Profit and Loss Statement and Statement of Assets)
   - Optional Documentation