



The TeenWorks Program™
United Way of Monroe County
P.O. Box 790
Tannersville, PA 18372
Phone: (570) 629-5657
Fax: (570) 629-5680

Dear TeenWorks Program™ Applicant,

Enclosed please find the TeenWorks Program™ grant application. Please read both this letter and the application thoroughly to ensure proper completion of the grant application. **The application must be filled out in its entirety or the form will be returned and you must re-submit.**

The types of teen groups that can apply include the following:

- Schools (Middle, Charter and High Schools)
- Faith-based (Church, Synagogue, CYO)
- Organizations (Boys & Girls Clubs, Youth Groups, Scouts)

The Fiscal agent is a key part of this application. The TeenWorks Program™ will only release funds to an organization that is a not-for-profit corporation. The Fiscal agent will act as a liaison between the TeenWorks Program™ and you. You should make sure that you contact your fiscal agent to let them know that you are applying for this funding.

Criteria for this project include the following:

- Project must be done in Monroe County
- Project must be a community-service project to benefit the community
- Project must be planned, presented, and implemented by teens
- Presentation must be done in front of the TeenWorks™ Board of Directors

Presentations will be evaluated on the following:

- Planning processes and overall presentation
- Project addressing a need, concern or interest in the community
- Ability to work with other groups if necessary

You will receive a telephone call to notify you of your time for the presentation. The presentation will be 5-15 minutes, plus additional questions from the board. The presentation must show collaboration between the teens and the adult leader. The teens need to plan on doing the actual presentation. Presenters should bring all of their necessary visual aids, materials or copies of hand outs. We would like to keep one hand out for our records and the rest may be taken with you in order to save on your expenses. We look forward to working with you on your project!

Very truly yours,

Francesca Turturro
Coordinator of Youth Projects
United Way of Monroe County

TeenWorks Program™ Application

Please complete application in blue or black ink.

Date _____

Name of Teen Group _____

Type of Teen Group ___ School ___ Faith Community ___ Youth Group

How many teens are involved with this project? _____

Name of Authorized Non-Profit (fiscal agent) able to Receive Money _____

Non-Profit address _____

Contact Person: _____

Email Address: _____

Phone Number: (_____) _____

Adult leader name _____

Address: _____

Email Address: _____

Phone Number: (_____) _____

Teen leader name _____ Age: _____ School: _____

Home Address: _____

Email Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

How much money are you requesting from TeenWorks™? _____

With what other community groups are you partnering?

In what other ways have you already raised funds? How much have you raised?

Are you able to send digital pictures of your project to TeenWorks? _____

Do you need AV equipment for your presentation? Explain _____

Project Goal: Describe your project in detail.

Project location: _____

Who will benefit most from this project and why?

Approximate time frame for project completion

From _____ To _____

Attached to this application is a budget worksheet. You should use this form to prepare your proposal. If you have your own budget form, make sure that it includes all of the criteria that we requested on the Teen Works worksheet.

If you have any questions, please contact The TeenWorks Program at (570) 629-5657. This form should be completed and returned with any additional information to:

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Teens should be prepared to give their presentations on the last Tuesday of the month.



The TeenWorks Program is an initiative of the United Way of Monroe County and is sponsored by the Greater Pocono Chamber of Commerce, the Office of the Monroe County Commissioners, and the Monroe County Bar Association.

Teen Works Program Official Budget Layout

Quantity	Description	Price Each	Total Cost	Have you pursued <u>local</u> businesses? (Y/N)
	Total Budgeted Cost for this Project		\$	

Teen Signature: _____ Date _____

Non-Profit / Fiscal Agent
Signature: _____ Date _____



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