Application for Award Unit Financial Assistance

The Duke of Edinburgh’s International Award USA works with foundations and corporations to provide young people in need financial assistance that will allow them to fully participate in the Award without economic barriers. Financial assistance is available as funds are available and are not guaranteed.

**Requirements for Funds:**

* Applications are due bi-monthly on January 15, March 15, May 15, July 15, September 15, and November 15; an Award Unit may only apply once for funding within a 12-month period at each level of the Award (Bronze, Silver, Gold). Be sure to include all eligible Participants in your request.
* Applications before January 15 should reflect Participants that will begin their Award by March 1, applications before March 15 will begin by May 1, etc.
* No more than $1000 may be allocated toward any one Participant’s pursuit of their Award ($1800 for Gold level). Participants should be encouraged to engage in free- and low-cost activities as a part of their Award program.
* The Award Coordinator will be alerted to the allocation of funds on behalf of their Participant(s) within 30 days of the deadline.
* Financial Assistance will be awarded for the following types of activities:
* Payment of the Participant Registration Fee,
* Activities and/or equipment to fulfill a Participant’s skill section, service section, and/or physical recreation section, and/or
* Partial payment for rental equipment and/or fees to participate in the Adventurous Journey and/or Residential Project.
* Although issued to the Award Unit, funds are to be used to pay a registered business or organization providing equipment/activities for the section. In no case should funds be issued to Participants or to their parents/guardians, nor should funds be used to pay for staff time or services normally provided within your organization.
* Funds to support Participant Registration Fees (up to $100/$150) will be credited to Participants via the ORB.
* Funds to support participation in Skills, Service, and Physical Recreation will be issued at the time of application/decision (maximum of $200/Participant).
* Funds to support their taking part in the Adventurous Journey and Residential Project will be issued later, directly to the provider, when documentation of the AJ are provided (maximum of $800/Participant for each AJ or RP).
* Receipts documenting the proper use of funds toward the specified purpose must be returned as they are spent, but no longer than 24 months after initial allocation. After 24 months, organizations that have not submitted receipts from previous financial assistance will not be eligible for future financial assistance.
* Funds for AJs and Residential Projects must be requested within 24 months of allocation. Each allocation of funds is applicable to for the intended purpose (i.e., unused funds toward the Bronze level cannot be used toward Participants at the Silver level, nor can funds leftover from a Bronze cohort be applied to the same cohort’s Silver level).

**Eligibility for Financial Assistance:**

* Financial assistance is available to support Participants from low-income households and/or who have high barriers, who would not otherwise be able to take part in the Award. Low-income is defined as households that qualify for free- and reduced-rate lunches within public schools.
* Even if receiving financial assistance toward their Award, every Participant is expected to contribute $50 toward their Adventurous Journey costs ($70 for Gold Participants).
* Even if receiving financial assistance toward their Award, every Participant is expected to contribute $70 toward their Residential Project costs.
* Participants for whom funds have been allocated who do not participate in the Award on the timeline agreed will not be eligible for future financial assistance without documentation of changed circumstances or situation.

Award Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment

|  |  |
| --- | --- |
|  | Total # Award Participants |
| Bronze | Click or tap here to enter text. |
| Silver | Click or tap here to enter text. |
| Gold | Click or tap here to enter text. |

Total # youth participants/students within your institution: \_\_\_\_\_\_\_\_\_

% youth engaged in the Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete to describe the situation of your Participants:

|  |  |  |
| --- | --- | --- |
|  | % of Enrolled  | # Participants |
| Qualify for free school lunches | Click or tap here to enter text. | Click or tap here to enter text. |
| Qualify for reduced-rate school lunches | Click or tap here to enter text. | Click or tap here to enter text. |
| Teenage Parent | Click or tap here to enter text. | Click or tap here to enter text. |
| Homeless | Click or tap here to enter text. | Click or tap here to enter text. |
| Disability | Click or tap here to enter text. | Click or tap here to enter text. |
| Engaged in Juvenile Justice System | Click or tap here to enter text. | Click or tap here to enter text. |

Please check the areas for which your Award Unit is applying for financial assistance for your Participants:

[ ]  Participant Registration Fee

[ ]  Skills/Service/Physical Recreation Sections

[ ]  Adventurous Journey

[ ]  Residential Project

Why do your Participants require financial assistance at this time? Please describe the population served by your organization and the funding streams available to your organization. Attach supporting documentation, i.e. free and reduced lunch rates, census data, narratives.

What impact and benefits are you hoping for in implementing an Award program with at-risk youth in your Award program? Please provide both narratives and supporting documentation as you are able.

Please attach a copy of your Award program budget, including the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # Participants | Costs paid for by Participants and/or your Award Unit | Financial Assistance needed  |  Total cost  |
| Participant Registration Fees (PRF) |  |  |  |  |
| Bronze ($100/Participant) | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Silver ($100/Participant) | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Gold ($150/Participant) | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Funds toward Skills, Service and Physical Rec sections (<$200/Participant) | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Approximate Adventurous Journey costs (<$800/Participant)*After six months, include line-item invoice or cost estimate* | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Approximate Residential Project costs (Gold only) (<$800/Participant)*After six months, include line-item invoice or cost estimate* | #Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TOTAL  |  | $Click or tap here to enter text. | $Click or tap here to enter text. | $Click or tap here to enter text. |

Please attach, as applicable:

[ ] List of the Participant names who will be receiving financial assistance as well as for which parts of the Award.

[ ] Description of **example** Skills/ Service/ Physical Recreation activities your Participants will engage in. If equipment purchase is required, please explain how the equipment will impact your activities. (These may not be finalized until later)

[ ] Description or copy of **reasonable estimates** for taking part in fee-based activities, transportation or equipment costs for the Skill, Service and Physical Recreation sections ($200 per-Participant maximum). (These may not be finalized until later)

[ ] Description of **example** Adventurous Journeys available to your Participants. (Final details will be needed for payment later)

[ ] Description of **example** Residential Projects available to your Gold-level Participants. (Final details will be needed for payment later)

*Note that cost of travel to/from Adventurous Journeys/Residential Projects is not covered by funds from Award USA*

After six months, submit:

* Copies of estimates for providing the Adventurous Journey within your organization OR copy of the estimate for taking part in the Adventurous Journey from the RAP (articulating costs that would usually be assumed by the Participant and their parents/guardian) ($800 per-Participant maximum).
* Documentation of registration/ Adventurous Journey down payment of $50 for each Participant ($70 for Gold).
* Documentation of registration/ $70 down payment toward Residential Project for each Gold Participant (as applicable).
* Copies of estimates for taking part in a Residential Project (articulating costs that would usually be assumed by the Participant and their parents/guardian) ($800 per-Participant maximum).

*Before funds are issued toward an Adventurous Journey and/or a Residential Project, each Participant’s consistent participation in other Sections will be verified. Be sure that Participants’ records are up to date in the ORB. A check will be issued directly to the RAP or business listed on the estimate after certification of ongoing participation in the Award.*

 Upon completion of the AJ and RPs, submit:

* List of expenses and corresponding copies of receipts for expenses related to the Participants’ Award programs.
* Participants’ written/ creative feedback, photographs/vidoes and/or other documentation of the impact of participating in the Award program.

Please check each box to indicate your agreement:

[ ] We certify that the financial assistance will be used to support Participants’ progress toward/achievement of the Award; that the above is truthful in the description of Participants engaged in our Award program; and we agree to provide the necessary documentation for expenses incurred.

[ ] We understand that funds that have not been accessed on behalf of these Participants 24 months after initial allocation will must be returned or, as applicable, will be released for allocation to support other young people doing their Award, if they do not complete their Award during that time.

[ ] We understand that this information about my situation will not be disclosed to anyone outside of the Award USA staff, although basic demographic information about the Participants in our Award program may be used along with that of others for reporting purposes.

[ ] To support future Participants in the Award USA in need of financial assistance, we agree to solicit from Participants’ written/creative feedback and/or participate in interviews about the impact of participating in the Award program to be shared with donors to Award USA financial assistance.

[ ] If awarded, our signatures on this application certifies our agreement to use the financial assistance as outlined in this application.

Award Coordinator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Official / License Holder Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email your application and supporting documentation to info@usaward.org, fax it to 312-929-3638 or mail it to:

**Financial Assistance Application Services - The Duke of Edinburgh’s International Award USA**

53 W Jackson Blvd, Suite 1742

Chicago, IL 60604

Once your application has been received, your Program Officer will contact you within 30 days to discuss eligibility and availability.