

BCHA YOUTH GRANT APPLICATION

2023-2024

\$500 Grant Request Limit

State/Chapter Name	
Amount of grant requested	Ś
Date of your event	
EIN Number	

CONTACT PERSON

NAME			
PHONE	EMAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. Number of youths expected to attend (Ages 18 and under)
- 2. A project/event report is required 30 days after project/event is complete, please provide a date this will be submitted.

Month_____Day____Year_____

3. If approved, please provide the "Payable to" information for funds.

On a separate WORD document please explain your youth project in detail (Max. 500 Words)

The letter must include the following criteria...

- Does the project involve youth?
- Does it meet one of the principles of BCHA? If so, what part/s of the mission does this project support?
- What is the name of the event? Describe the event? (If applicable)
- Where is the project taking place? (i.e., Name of location)