



# YOUTH PROGRAMS FUND

## 10% Club Application

### 2020

**RETURN COMPLETED APPLICATION TO:** Saint Paul Parks & Recreation,  
ATTN: Eric Thompson 500 City Hall Annex, 25 W. 4th St. St. Paul, MN 55102  
E-Mail: [eric.thompson@ci.stpaul.mn.us](mailto:eric.thompson@ci.stpaul.mn.us)

<b>Date</b>
<b>Organization name</b>
<b>E-mail address</b>
<b>Stated Purpose of Organization</b>

<b>Fiscal agent (if applicable)</b>	<b>Street address/zip code</b>	<b>Daytime phone</b>
<b>Fiscal agent contact</b>		
<b>E-mail address (Fiscal agent)</b>		

**\*NEW CRITERIA\*** Under the revised ordinance applicants are now required to demonstrate how their programs meet the following criteria:

**Which of the community needs does your program meet?** (check all that pertain)

Majority of participants reside in an Area of Concentrated Poverty ACP/ACP 50

Majority of participants are eligible for free/reduced lunch

Your organization is a recreation center booster club

**How will your organization verify this information?**

**How will your organization address one of more of the following barriers to quality youth programs?**  
Cost, lack of transportation, language and culture?

**What is the amount you are requesting?** (Organizations are eligible for up to \$8,000 p/year)

**How does your organization plan to use the funds?**

**What community need does your youth program meet?**

**How will your organization measure the results of your activity?**

**What is the geographic area of St. Paul served by your organization?**

<b>Number of youth participants</b>	<b>Percent of participants that are St. Paul Residents</b>
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**Non-profit Status: PLEASE ATTACH PROOF**

Is your organization an incorporated non-profit corporation formed solely for serving St. Paul youth?  Yes  No

**NOTE:** Each applicant **MUST** attach the following information. Please check-off each item to be sure it is included.

- Proof of non-profit status
- Organizational By-Laws and Articles of Incorporation
- CURRENT list of Officers or Directors. Include name/address/zip/day phone
- Affidavit - Signed by individual authorized to receive the direct contribution, and notarized
- Proof of insurance, or proof that insurance can be obtained if your activity is funded