Select the type of grant your department is applying for:
D Federal
□ State
□ Local □ Federal Pass-thru
☐ Private Foundation
What is the amount of the grant?
\$25,000
Please provide a breakdown of the total cost above.
The entire \$25,000 will go towards contractual services to
support the purpose project.
Is there a match requirement?
○ Yes ○ No
Does the grant cover the cost of the request 100%? Yes
ONo
Other Request Questions Only
List other similar items in the County and/or region and if they available for use?
RESET mentoring offer similar items as this program however they are
not available for use. WCJS is currently partnering with RESET mentoring on providing
mentoring services for youth in our residential treatment center CORE.
How is this item request different from any similar assets currently in the County and/or region?
To my knowledge there is no other program in the county such as this.
romy knowledge allere le ne caller program in alle county caer de alle.
What types of events/purpose would this item he used for that some him and the same him and
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset? 1:1 Mentoring, Creative Labs and Arts Tables and Academy of Awesome classes where
volunteers in the community allow students to explore their gifts and passions through
classes that support a youth's SPARKS such as guitar lessons, photography, film,
sports, theater arts etc.
dentify the number of personnel required to operate this item and/or be available for the function where it is to be used?
8. All personnel will be provided and paid by Catalyst Collective organization.

will be facilitating the program	st Collective, who is the administrator of the program and through the life of the grant. Catalyst Collective will provide the grant of
staffing for the program. This	program will not create the need for more personnel.
Where will the item be stored?	The state of the s
Round Rock, TX	
What is the useful life of the item?	and the control of th
12 months	
12 1110111113	
Oyes	eral funds when useful life has been exhausted? (OR)
No OR = category Other Request	
Does this item require insurance coverage? Yes	
No	
Will this item require any form of licensing?	,
○ Yes ○ No	
Will this item require on-going maintenance	e? Please describe the maintenance required along with an estimate for these cost
No.	
How will this item be funded when the gran	nt ends?
The state of the s	ective (fundraisers and donations).
	Budgetary Impact
What is the overall budgetary impact? (i.e. r	revenue generation, expense reduction, etc.)
None	

Please identify any additional equipment needed/required None	(now or in the futu	ire) should the grant/ass	iet is awarded	
What is the cost and frequency to maintain/update the add None	ng panggan Nama na ang panggangan nganggan			
What is the impact of this grant application on other inter- None. This program will serve to help div			stice syste	em.
			Save	Cancel

When finished, please print and upload the form to the Agenda.

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