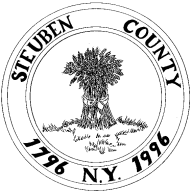


STEBEN COUNTY YOUTH BUREAU

3 EAST PULTENEY SQUARE
BATH, NEW YORK 14810-1557



Bill Caudill
Youth Program Coordinator
(607) 664-2119
billc@co.steuben.ny.us

www.turtlebeach.com

COMPLETION CHECK LIST

- All Sections and Lines complete.
- Narrative/Program Summary (attached) complete
(Last Year's Program only.) May be submitted early.
- Date submitted: _____ (by May 1st)

FUNDING APPLICATION "TYRTLE BEACH YOUTH FUND"

The WVIN/WABH Turtle Beach Youth Fund provides funding to non-profit grass roots community youth groups who serve young people up to 18 years of age. These organizations must operate within the municipals of Avoca, Bath, Cameron, Campbell, Hammondsport, Prattsburgh, Savona, Urbana and Wheeler. The youth groups must be non-discriminatory and funding is for program use only. (No salaries.)

This application must be completed and returned NO LATER THAN **May 1st**. Maximum program funding will be \$500.00. The distribution or allocation of funds will be accomplished by the Steuben County Youth Board and Bureau. All applicants will be notified in writing of the Youth Board's decision.

ALL SECTIONS MUST BE COMPLETED!!!

CHECK PAYABLE TO:

(Organization Name Only – No individual)

1. Program Sponsoring Organization - Name: _____
(i.e. Agency, Church, Municipal, Group, School, etc.)

(President, Chairperson, CEO, Executive Director, Leader of Organization -
DIFFERENT THAN "KEY CONTACT") _____

Address: _____
Phone: _____

2. *Key Contact (Person most familiar with program, i.e. Group Leader or Assistant Leader):
**MUST BE DIFFERENT THAN SPONSOR ORGANIZATION CONTACT PERSON
(not in same household). This person will receive all correspondence.**
Name: _____
Address: _____
Phone (Daytime): _____

3. Program Name or Title: _____

4. Amount Requested: _____

5. Youth Served: _____

Number _____ Ages _____

Hometowns: _____

6. Program Description - Explain your youth program. What are your specific activities? What times do you operate? What staff and volunteers do you have? What are your resources? What will this money support (additional pages may be attached)

DUE - NO LATER THAN - MAY 1ST

MAIL TO:

STEUBEN COUNTY YOUTH BUREAU
WVIN/WABH TYRRTLE BEACH YOUTH FUND
3 EAST PULTENEY SQUARE
BATH, NEW YORK 14810-1557

THOSE PROGRAMS THAT RECEIVED FUNDS LAST YEAR AND NEGLECTED TO SUBMIT A YEAR-END REPORT WILL BE SUBJECT TO A PENALTY IF FUNDED THIS YEAR.

PRESIDENT/KEY LEADERSHIP PERSON MUST BE LISTED (WITH ADDRESS) UNDER SPONSORING ORGANIZATION. KEY CONTACT PERSON MUST BE DIFFERENT THAN SPONSORING ORGANIZATION CONTACT (not in same household). **APPLICATIONS WILL NOT BE PROCESSED IF INFORMATION IS LACKING. (Must have two names with complete address, phone number and all other information.)**

YB Office Use Only:

<input type="checkbox"/>	Application Complete	Date Received: _____
<input type="checkbox"/>	Application Incomplete	Date Returned: _____
<input type="checkbox"/>	Previous Year Narrative/Summary Report Received:	___ Yes ___ No ___ N/A