TREMPEALEAU COUNTY ALLIANCE FOR YOUTH

*VISION: PROMOTING HEALTHY PATHWAYS FOR TREMPEALEAU COUNTY YOUTH*

MISSION STATEMENT: To promote positive and healthy lifestyles for youth and families through:

**\* Youth engagement \* Resource sharing \*Community collaboration**

**FUNDING REQUEST FORM**

| Agency/Organization Making Request: | |
| --- | --- |
| Contact Person: | Date of Request: |
| Title/Name of Request: | |
| Amount Requested: | Make Check(s) Payable to: |
| Has your agency been an active participant in the TCAFY? | |

Brief Description of Activities/Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain how this compares with the Trempealeau County Alliance For Youth mission statement and overall vision:\_\_\_\_\_\_

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Does this involve networking with various agencies/groups? If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will the effort be sustained? If yes, How?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Convey how it is part of an overall plan, not just support for one specific activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other funding sources that will be sought out/used for support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your evaluation process?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| ***NOTE:*** *If funded, your agency would be expected to address the TCAFY regarding the evaluation/results. Return form to: Carol Bawek; Trempealeau County Health Dept.; Courthouse-P. O. Box 67; Whitehall, WI 54773* |
| --- |
| Date Received by the Tremp.Co Alliance For Youth: Recommendation of the Alliance: Date: |