



Media-Smart Youth® Teen Leaders Program Application Form

Applications due October 24, 2014

Teen Leader

Name	<input type="text"/>	Email	<input type="text"/>
Phone (Home, Cell)	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Parent/Caregiver Name	<input type="text"/>	Phone	<input type="text"/>

Teen Leader #2 (if applicable)

Name	<input type="text"/>	Email	<input type="text"/>
Phone (Home, Cell)	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Parent/Caregiver Name	<input type="text"/>	Phone	<input type="text"/>

Teen Leader #3 (if applicable)

Name	<input type="text"/>	Email	<input type="text"/>
Phone (Home, Cell)	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Parent/Caregiver Name	<input type="text"/>	Phone	<input type="text"/>

How did you hear about this program?

Adult Advisor/Co-facilitator

Name	<input type="text"/>	Email	<input type="text"/>
Title	<input type="text"/>		
Organization	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
How do you know the applicant?	<input type="text"/>		

Nonprofit Partner (provide contact information if different from the advisor)

Name	<input type="text"/>	Email	<input type="text"/>
Title	<input type="text"/>		
Organization	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
How do you know the applicant?	<input type="text"/>		

Website

IRS Classification of the Organization/Program and Tax ID Number, if applicable:

About Your Media-Smart Youth Program

Why do you want to lead a Media-Smart Youth program in your community?

Anticipated program dates

Location

Description of program

Please provide details about how you will carry out the program, including the following activities: recruitment, site selection, program promotion, and (if applicable) potential collaborations with any media/community partners.

Your description may extend onto additional pages if needed.

Budget Justification

How will you use the funding? Please attach an **estimated** budget, noting additional support—if any—you expect to receive from community partners. (This may include things like free meeting space, donations of groceries or supplies, or other financial support). The suggested supply list in the Facilitator’s Guide (pp. F2-F3) may help with your planning.

A sample budget is provided below for your reference. You may use the same format in creating yours.

Note: We expect that when you carry out the program, your actual costs may vary from your estimated budget. For example, food may cost more than expected, but printing costs may be lower. You will need to stay within the \$1,000 budget unless you get additional support from other partners, but you may spend more or less as needed across the different categories of expenses:

- Healthy food and snack supplies (for example, paper plates and bowls, cups, eating utensils)
- Program supplies (for example, paper, pens and markers, tape, t-shirts, camera)
- Printing (for example, for recruitment posters, program worksheets, and take-home handouts)
- Transportation to and from program sites, and/or for program field trips
- A stipend for the teen leader(s) for time spent on planning, implementation, and reporting

Remaining funds—if any are left after you’ve secured snacks, copies, and other essential program supplies—may be added to your stipend.

If you have questions about budgeting for your program, please contact Kelly Clay: kclay@iqsolutions.com or 240-221-4247.

Budget Justification (EXAMPLE)

Healthy food and snack supplies Snacks and supplies for 10 sessions	\$450
Program supplies Easel, flip chart, markers, scissors, and t-shirts	\$175
Printing Includes costs of printing posters to advertise at school sites, copies of worksheets and youth and parent handouts	\$75
Transportation Gas for travel to sites	\$50
Stipend for teen leader(s) Leading Media-Smart Youth lessons, checking in, and providing feedback	\$250
TOTAL	\$1,000

Projected contributions from community partners (if applicable):

Free meeting space and extra photocopies from my nonprofit partner
\$100 in fruits and vegetables from the local grocery store for snack breaks

Signatures

I confirm that the information in this application is, to the best of my knowledge, accurate and complete.

(For the teen leader(s) and advisor): Should this application be funded, I agree to participate in one of the required webinar trainings: December 13, 1:00–3:00 p.m. EST, or December 17, 7:00–9:00 p.m. EST.

I also agree, should this application be funded, not to hold the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, the National Institutes of Health, the U.S. Department of Health and Human Services, or IQ Solutions liable should any damage or harm arise during the course of a Media-Smart Youth program.

Teen Leader #1 Signature: _____ **Date** _____

Parent/Caregiver Signature: _____ **Date** _____

Teen Leader #2 Signature: _____ **Date** _____

Parent/Caregiver Signature: _____ **Date** _____

Teen Leader #3 Signature: _____ **Date** _____

Parent/Caregiver Signature: _____ **Date** _____

Adult Advisor Signature: _____ **Date** _____

Nonprofit Partner Signature: _____ **Date** _____

Submission Procedures

Submit your application by mail, email, or fax using the contact information below. Applications are due by **October 24, 2014**.

Mail

ATTN: Media-Smart Youth
NICHD Information Resource Center
P.O. Box 3006
Rockville, MD 20847

Email

MediaSmartYouth@mail.nih.gov

Fax

ATTN: Media-Smart Youth
301-984-1473

Questions?

Contact Kelly Clay at kclay@iqsolutions.com or 240-221-4247.