



**ENGAGING YOUTH IN LEADERSHIP & COMMUNITY SERVICE**

# **TEENPOWER 2019**

## **Drug & Alcohol Prevention Project Grant Application**

### **Dates to Remember:**

Follow-Up Survey Deadline: September 13, 2019

Fall Grant Deadline: September 13, 2019

Spring Grant Deadline: January 24, 2020

### **Return Completed Application:**

Youth Resources  
Attn: TEENPOWER  
P.O. Box 3635  
Evansville, IN 47735



# TEENPOWER Prevention Grant Information

## Who Qualifies for a TEENPOWER Prevention Grant?

- Each school/youth agency that attended TEENPOWER 2019 is eligible for up to \$500 in grant funding for its Drug Prevention Project when the following guidelines are met:
- **Youth Resources must receive a follow-up survey from each TEENPOWER conference participant by September 13, 2019. Schools/youth agencies that do not return follow-up surveys on time will forfeit prevention grant funding.**
- **Students must be actively involved in the planning and implementation of your prevention project.**

## Additional Guidelines:

- Project must be planned and carried out by youth who attended TEENPOWER. We highly encourage sharing the TEENPOWER spirit and getting new students on board as well!
- Project must meet the TEENPOWER goals & objectives (see page 4).
- Project must focus on drug and alcohol prevention.
- Project must provide a service to others or the community.
- **Project must be started and completed during the 2019-2020 school year. Fall project final reports and receipts are due by December 6, 2019. Spring project final reports and receipts are due by May 8, 2020.**
- **Youth Resources must have all previous TEENPOWER grant final reports and receipts on file to be eligible for a 2019 grant. Grant recipients will be reimbursed for their project costs AFTER final reports and receipts have been turned in to Youth Resources.**

## Good Things Happen Through TEENPOWER Prevention Grants:

- Youth become aware of community needs in the drug, alcohol and tobacco prevention areas.
- Youth direct their energies to helping others.
- Youth develop and utilize leadership, planning, team work, and other life skills.
- Community attitudes towards youth improve.
- Youth realize their power to affect personal change and improve the lives of others.
- Communities gain stronger youth and adult partnerships.

## What are the TEENPOWER Prevention Grant Requirements?

All grant project ideas must originate from the youth and their interests. Youth must be at the center of the planning, preparation, and the implementation of the project. Projects must address a drug prevention community need and provide a service to others in the community. Grants will be screened by the TEENPOWER Youth Staff and awarded in two cycles (fall and spring), however **all follow-up surveys are due to YR by 4pm on September 13, 2019.**

## How Do We Apply for a TEENPOWER Grant?

### Step One: Research and Planning

Continue to work with your youth to determine where there is a need in your community for drug/alcohol/tobacco prevention and intervention activities and finalize the project you started during TEENPOWER. Have a new idea? Find a way to adapt the project you brainstormed at TEENPOWER or create a new project.

### Step Two: Completing the Application

- Be specific and give as much information as necessary to complete each question.
- Youth Resources believes that the youth deserve to be recognized for their hard work! You will notice in the budget section of the application that 5% of each grant must be used towards youth recognition.
- Please contact Bailey Daniels at 812-421-0030 ext. 15 or [bailey@youth-resources.org](mailto:bailey@youth-resources.org) with questions or for grant writing assistance.

## Submitting Your Grant Application & Follow-Up Surveys:

- Grant applications & follow-up surveys may be mailed to YR or hand-delivered to our office located at 4451 N. First Ave., Evansville, IN 47710, in the lower level of First Federal Savings Bank.
- **Fall Projects**
  - Follow-up surveys are due September 13, 2019.
  - Grant applications are due September 13, 2019.
- **Spring Projects**
  - Follow-up surveys are due September 13, 2019.
  - Grant applications are due January 24, 2020.



# TEENPOWER Prevention Grant Application

Project Title: \_\_\_\_\_

School: \_\_\_\_\_

## Youth Representative

First & Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Adult Advisor

First & Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Project Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Please type your responses to the following questions and attach separately:

1. Describe the project.
2. Why does your school/youth agency feel your project is needed and important? What community problem/need is the project addressing?
3. When will the project begin and end? Where will the project take place? Please submit a tentative schedule of activities.
4. If you have previously received TEENPOWER funding for your project, please describe the changes or improvements if any that have been made.
5. How have youth been involved in planning this project? How will youth be involved in the implementation of the project?
6. Who will supervise the youth?
7. Approximately how many people will benefit from this project?
8. Complete the attached TEENPOWER Prevention Grant Budget (next page).



# Project Objectives

Please check the boxes corresponding to the TEENPOWER objectives that your prevention project meets. Your project must contain at least one objective from Goal 1 and at least one objective from Goal 2.

## Goal 1

Strengthen prevention and intervention skills among youth by building protective factors and reducing risk factors associated with alcohol, tobacco, and other drug use among youth.

- Objective 1.1: Reduce intentions of using alcohol, tobacco, and other drug use in the future.
- Objective 1.2: Increase perceptions of the potential risks of alcohol, tobacco, and other drug use among youth.
- Objective 1.3: Increase favorable attitudes among youth related to not using alcohol, tobacco, and other drugs.

## Goal 2

Build a network of young people dedicated to making healthy life decisions and to be a system of support for themselves and their peers.

- Objective 2.1: Increase characteristics of self-worth or value among youth.
- Objective 2.2: Increase perceived social support among youth.
- Objective 2.3: Increase leadership skills among youth.

## Grant Attachments (Required):

- Verification of organization's nonprofit status
- List of organization's main director(s) and officer(s)
- Brief history and description of your TEENPOWER Club



# TEENPOWER Prevention Grant Budget

Total cost of your project: \$ \_\_\_\_\_

*Please include an itemized list of expenses in the budget table below, or on an attached sheet.*

Amount you are requesting from Youth Resources: \$ \_\_\_\_\_

Do you expect to receive funding from any other sources?  Yes  No

If yes, please give detail: Who and how much?

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Who will oversee the funds and submit the financial report? \_\_\_\_\_

What other donations of talent, time or materials do you expect to receive for this project?

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Please complete the budget as specifically as you can below (or an adapted version to meet your needs).

**Note that funds cannot be used for overhead costs, salaries or wages of any kind (including speaker fees), direct donations to other organizations, or the purchase of t-shirts or capital items (e.g. digital cameras, electronics, pots & pans, etc.).**

Description of Expense	Quantity	Cost	Total
Youth Recognition	5% of Grant Amount		
<b>Project Total</b>			<b>\$</b>





## Youth Resources' Grant Authorization

All grants and awards from Youth Resources are in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Title IX of the Education Amendments of 1972. No person shall, on the grounds of race, color, national origin, be excluded from participation, be denied the benefits of, or be the subject to discrimination under any education program or activity receiving financial assistance.

Two officers of the applying organization with knowledge of the matters contained in the grant application form must sign this certification. This would ordinarily be the project director and the chief officer of the board, agency directory, and school principal, or church pastor. One of the two must have legal authority to obligate the organization.

The undersigned certify that:

1. All information contained is accurate or represents a reasonable estimate of future operations based on data available at the time of the application.
2. There are no misstatements or misrepresentations in the information submitted here or as a supplement;
3. The organization will comply with the Civil Rights and Handicapped Regulations summarized above and with other TEENPOWER guidelines;
4. The group applying for this Youth Resources grant has its agency's permission to apply for the grant and carry out the project.

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<b>Signature of Adult Advisor</b>	<b>Title</b>	<b>Date</b>
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<b>Signature of Principal/Agency Director</b>	<b>Title</b>	<b>Date</b>
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# HIGH SCHOOL TEENPOWER 2019: SURVEY 3

It has been about 3 months since you completed TEENPOWER! Youth Resources asks for your help in completing a follow-up survey. You will not be identified, but your feedback will help us improve the program for next year. Similar to the survey you completed before camp, we ask that you complete Survey 3 as honestly as possible. By completing this survey, you are giving permission to participate in this evaluation.

At the beginning of camp, we asked you to create a password. Please record your password in the space below. If you can't remember, please check "I can't remember."

Password: _____ "I can't remember": _____ <i>EX: Favorite color, movie, song, book, or place to visit</i>
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To further help us in matching the surveys:		
Please list the last two digits of your phone number: _____	Please list the first letter of your middle name: _____	Please list your birth date: _____

## SECTION A: DEMOGRAPHIC INFORMATION

We want to know the type of youth who complete this survey. Please fill in the following information about yourself.

1. Are you (check): \_\_\_\_\_ Participant \_\_\_\_\_ Youth Staff      2. Age: \_\_\_\_\_      3. Grade: \_\_\_\_\_      4. Gender (circle): M    F
5. What month were you born (check):
 

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
6. Which of the following best describes your race (check)?  
 White/Caucasian     Asian-American     African-American     Native American/American Indian     Hispanic     Other: \_\_\_\_\_
7. What have been the most helpful things about attending TEENPOWER? \_\_\_\_\_
8. What have been the least helpful things about attending TEENPOWER? \_\_\_\_\_

For sections B and C, please check the box that best reflects your answer to the question. All of the information that you complete will be **CONFIDENTIAL**, so please take your time filling out all of the questions and be as honest as possible.

## SECTION B: SOCIAL SUPPORT, LEADERSHIP AND SELF-ESTEEM SCALES

How much do you agree with the following statements...	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
<b>Social Support</b>					
1. I have friends who support me in staying alcohol, tobacco and drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a friend to turn to when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can rely on my friends for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My friends understand my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I respect the opinions of other peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can share my problems with my peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is a trustworthy adult (outside of my family) who I can turn to when I am having problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The adults around me (outside of my family) are positive influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know where or how to find an adult I can trust if I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b>					
10. I am confident in talking in front of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Others see me as a leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I have strong leadership skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Esteem</b>					
13. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel that I'm a person of worth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION C: RISK AND PROTECTIVE SCALE

<i>How much do you agree with the following statements...</i>	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
1. I am aware of the consequences of alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am aware of the consequences of tobacco use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am aware of the consequences of other drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I think about the consequences of my decisions before I make them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION D: FUTURE USE OF ALCOHOL, TOBACCO, OR OTHER DRUGS

Please check the box that represents your use in the next year. All of the information that you complete will be **CONFIDENTIAL**, so please take your time filling out all of the questions and be as honest as possible.

<i>Do you think that you will use... in the next year?</i>	Never	Maybe	Most Likely	Definitely
1. Alcohol (beer, wine, wine coolers, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Marijuana (hashish or hash oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Other drugs (not under doctor's orders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prescription drugs (not under a doctor's orders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. E-cigarettes, vaping (example: Juul)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION E: FUTURE DECISIONS OF ALCOHOL, TOBACCO, OR OTHER DRUGS

<i>How much do you agree with the following statements...</i>	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
1. I have made a final decision not to use alcohol (before I turn 21 years of age).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have made a final decision not to use tobacco (cigarettes, cigars, snuff/smokeless).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have made a final decision not to use e-cigarettes or vaping products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have made a final decision not to use marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have made a final decision not to use any other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am committed to an alcohol, drug, and tobacco free life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION F: TEENPOWER OUTCOMES

<i>Since completing TEENPOWER, how much do you agree with the following statements...</i>	Strongly Disagree	Disagree	In the Middle	Agree	Strongly Agree
1. I have more confidence in myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am more likely to make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am a better leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have more friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have learned the skills necessary to become an effective leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have grown personally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I met new friends that will support me in staying alcohol, tobacco, and drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I plan on continuing friendships that I made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I developed relationships with adults that will support me in staying alcohol, tobacco, and drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I met an adult at TEENPOWER who I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I learned new information about the consequences of alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I learned new information about the consequences of tobacco use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I learned new information about the consequences of using drugs (not under a doctor's orders).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have learned how to work in a team setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have learned to respect diversity in backgrounds and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU** for taking the time to help us learn more about our camp!