

Application for Youth Grant

Name and Address of applying Organization:

.....
.....

USDA Affiliate:

Date of projected need:

Please attach a one page, typed double spaced letter outlining the:

- A) Need and usage of the Grant.
- B) How many Youth will be impacted.
- C) What has the applying organization applied towards this request.
- D) Has organization requested a previous Grant (if so when and was Grant approved):

Signature(s) of Representative of Requesting Organization:

.....
.....

Date:

Phone Number(s):

1. Fill out form & save,
 2. Send as an attachment to Youth@usda.org
- Or
3. Print & mail to:

Kati Raleigh
3870 Homecomer Drive
Grove City, Ohio 43123-2811

9/10/25