



Youth-Led Social Justice Mini-Grant



APPLICATION COVER SHEET – For Individuals

Applicant Information

1. Name of Applicant (first and last name): _____
2. Mailing Address (street, city, zip code): _____

3. Email Address: _____
4. Phone (cell phone preferred): _____
5. Social Media Platforms used (select all that apply; list handles or profile names in space provided): Facebook Instagram Twitter Snapchat TikTok List handles here: _____

6. Age range (select one): 12-13 14-17 18-24
7. School or College you attend (if applicable, not required): _____

Summary of Mini-Grant Project or Proposal

8. Name of Project or Proposal: _____
9. Project or Proposal Description (select all that apply): One-time
 Multi-session In-person Virtual
10. Social Justice Focus (select all that apply): Race/Ethnicity Gender
Sexual Orientation Other (please describe): _____

11. Number of other youth who will help lead this project: _____
12. Goal number of people your project will serve: _____
13. Age range of people who will be served by your project (select all that apply):
 5-11 12-13 14-17

18-24 25-39 40-64 65+

14. Which Council Districts do you hope your project participants will come from?

(Reference the [City of Seattle Council District Map](#); select all that apply): Council

District (CD) 1 CD 2 CD 3 CD 4 CD 5 CD 6 CD 7

15. Budget requested (min \$500, max \$8,000): _____

Fiscal Sponsor Information

16. Do you have a fiscal sponsor? Yes No Unsure

17. Name of fiscal sponsor: _____

18. Mailing Address (street, city, zip code): _____

19. Email Address: _____

20. Phone: _____

21. Has the fiscal sponsor previously been awarded DEEL funding? Yes

No Unsure