**Youth-Led Grant Proposal | Template**

**Introduction:**

Applicants may use this document to help them organize their proposal for the [2025 OSPF Youth-Led Grant RFP.](https://bepresentohio.org/funding-opportunities/) Before submitting, applicants should remove text that is not part of their proposal, including these instructions and all highlighted words/spaces. Applicants may personalize this template by changing the font type, adding logos, etc.

In addition to the guidelines below, readers may refer to the Guidelines for Submitting a Strong Grant Proposal on the [Be Present Ohio funding page](https://bepresentohio.org/funding-opportunities/).

**<INSERT TITLE OF DOCUMENT>**

1. Organization Face Sheet.
   1. Applicant organization/school name, address, and federal tax ID
      1. Organization/school name: <INSERT>
      2. Address: <INSERT>
      3. Federal tax ID: <INSERT>
   2. Executive director/superintendent’s name and email address
      1. Name: <INSERT>
      2. Email address: <INSERT>
   3. Prevention program title: <INSERT>
   4. Name and email address of the adult who will be responsible for supporting the grant (Lead Adult Advisor)
      1. Name: <INSERT>
      2. Email address: <INSERT>
   5. Amount of funding requested (up to $750): <INSERT>
   6. Title of proposal: <INSERT>
2. Project Narrative

<FILL THIS SECTION BASED ON DETAILS OUTLINED IN THE RFP>

E.g.,

* 1. **Prevention Program**

Our prevention program is called X and our goal is Y…

*Continued on next page.*

1. Budget and Budget Narrative.

<COMPLETE THE TABLE BELOW> See the RFP for additional instructions

**SFY25 OSPF Youth-Led Grant | Budget and Budget Narrative**

|  |  |  |
| --- | --- | --- |
| **Budget Categories** | **Funding** | **Budget Narrative** |
| Personnel |  |  |
| Fringe Benefits |  |  |
| Consultants |  |  |
| Subscriptions & Publications |  |  |
| Supplies |  |  |
| Printing/Copying |  |  |
| Rent/Lease Expenses |  |  |
| Phone/Utilities |  |  |
| Rentals |  |  |
| Motor Vehicle |  |  |
| Travel-hotel |  |  |
| Food |  |  |
| Conference/Training/ Registration |  |  |
| Equipment/Computer |  |  |
| Furniture |  |  |
| **Totals** |  |  |

1. Conditions and Assurances Agreement. Must be signed by the executive director or school superintendent and organization/school fiscal officer.

<COMPLETE THE COPY BELOW>

**SFY25 OSPF Youth-Led Grant | Conditions and Assurances Agreement**

**Introduction**

The purpose of this document is to ensure that the applicant is aware of expectations that accompany an award from the Ohio Suicide Prevention Foundation (hereafter referred to as the “Award”) and of

\_\_\_<INSERT APPLICANT NAME>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereafter referred to as “Grantee”) if they receive the Award. By signing the Conditions and Assurances Agreement (hereafter referred to as “the Agreement,”), Grantee agrees to abide by the assurances enclosed as a condition of receiving the Award.

**Funding Period:** March 3, 2025 – June 30, 2025

**Directions**: Fill in document blanks and secure signatures from the Grantee Executive Director, Fiscal Officer, and Lead Adult Advisor. Applicants must accept the Agreement without amendment. Signatures must be completed with a physical signature on printed paper or an e-signature software such as DocuSign or Adobe. In organizations where one person acts as two signors (the executive director, the fiscal officer, and/or the Lead Adult Advisor), the individual in question should sign all applicable lines.

**Conditions and Assurances**

The undersigned grantee makes the following representations and agrees to the following conditions in accepting funds from the Ohio Suicide Prevention Foundation through the Ohio Department of Mental Health and Addiction Services.

* 1. Grantee will utilize the funds solely for the purpose of participation as outlined in the grant application.
     1. Funds CANNOT be used for any product or publication purchased from OSPF.
     2. Funds CAN be used for food/beverages related to or required by project work or for any travel purposes.
     3. Funds CAN be used for the following, including but not limited to, personnel and fringe, office lease, utilities, telephone/Internet, and general supplies for the purposes of completing the goals and objectives of the grant.
  2. Funds CAN be used to contract with third party subject matter experts and may be used to offer financial assistance to other organizations/individuals for the purposes of completing goals and objectives of the grant.
  3. Grantee possesses the legal authority to apply for the grant and a motion resolution, or similar action has been adopted by Grantee and certified or executed by a duly authorized officer or representative of Grantee, authorizing the filing of the application for the Funds, including all understandings and assurances contained therein, and directing and authorizing the person identified below as the official representative of the Grantee to act in connection with the proposal and to provide such additional information as may be required.
  4. Grantee will comply with all applicable federal, state, and local laws prohibiting unlawful discrimination on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability.
  5. Grantee will acknowledge the source of the funds on all written materials generated from the Award, and in all advertising and media releases using the language:

“This project was funded by the Ohio Suicide Prevention Foundation with support from the Ohio Department of Mental Health and Addiction Services.”

* 1. Grantee will participate in and complete all activities related to the grant as specified in this RFP and in the Grantee’s accepted proposal.
  2. Grantee will complete all activities and related expenses by June 30, 2025.
  3. Grantee understands that failure to meet the parameters of 6 and 7 above will impact the grantee’s ability to receive funding from OSPF for future projects.
  4. Grantee will calculate fund expenditures and report any anticipated unspent funds to OSPF by Friday, June 13, 2025.
  5. If the Grantee does not expend the entire portion of the awarded funds, the remaining funds will be returned to OSPF by Monday, July 7, 2025.
  6. Grantee will not make budget changes in excess of 10% of the total Award amount without the prior approval of OSPF. If grant funds are used other than as set forth in the application, approved budget, or the Agreement without written approval, the applicant will repay the full amount of the grant.
  7. Grantee hereby agrees to indemnify, defend, save and hold harmless OSPF from any and all liabilities, obligations, claims, suits, actions, losses, damages, fines, penalties or any other costs which arise in whole or in part out of any authorized or unauthorized acts by the Grantee, its representatives, agents, employees or affiliates, directly or indirectly related to the Award, accompanying funds, projects, or activities.
  8. Grantee agrees not to accept sponsorship from or partnership with the alcohol or tobacco industry for any purpose within the scope of this project.
  9. Grantee agrees not to alter the OSPF logo for any reason.
  10. Grantee agrees to provide OSPF with an accurate accounting of grant expenditures for this grant accompanied by receipts upon request.
  11. Grantee is aware that Lobbying - Section 319 of Public Law 101-121 generally prohibits recipients of Federal grants and cooperative agreements from using appropriated funds for lobbying.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Lead Adult Advisor Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Fiscal Officer Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Executive Director/ Signature Date

Superintendent Name

1. Organization Form W-9.

<REFER TO THE RFP FOR MORE DETAILS>