



2016 - 2017 APPLICATION AND GUIDELINES

A challenge to ambitious Palm Beach County youth philanthropists to present their breakthrough community betterment program to a panel of philanthropist-investors. Winners receive mentoring and up to \$15,000 of program funding from our philanthropists.

PHILANTHROPY TANK OVERVIEW

All instructions necessary to submit a complete application can be found in these guidelines. You may find useful guidance by viewing the application video tutorial on API's website philanthropytank.org. Questions still unanswered may be addressed to info@philanthropytank.org.

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- Students enrolled in 7th-12th grade, residing in Palm Beach County are eligible to participate individually, or by forming a team with other eligible students. A team, for the purpose of participating in the Philanthropy Tank, is a maximum of four (4) students. A team should apply on one application. Media releases must be completed for each team member. A winning team may execute their program with as larger a group as they choose.
 - Proposed programs should directly address Palm Beach County community issues with innovative solutions. Winners will receive mentoring and program funding over the 12-month period following the award. Indirect or more passive solutions, such as fundraising for endowments, capital campaigns or general operating funds, while valuable, are not the goal of the Palm Beach Philanthropy Tank.
 - Completed application and submission material should be e-mailed to apply@philanthropytank.org by midnight on December 11, 2016.
 - Finalists will be notified by e-mail by January 25, 2017. The Philanthropy Tank main event is March 8th 2017, and finalists must participate to win.

JUDGING CRITERIA:

Community impact | Program feasibility | Solution creativity | Sustainability | Team strengths

STUDENT INFORMATION

Student (or Team Captain)

Name: _____ Gender : F M

Address: _____

E-mail: _____ Phone Number (best): _____

Grade: _____ School: _____

Signature: _____

Parent or Guardian

Name: _____ Relationship: _____

Address: _____

E-mail: _____ Phone Number (best): _____

Additional, or Alternate Sponsor, if applicable (e.g. school teacher, club leader)

Name: _____ Relationship: _____

Address: _____

E-mail: _____ Phone Number (best): _____

PROGRAM PROPOSAL

Please keep in mind as you answer the following questions that programs should directly address Palm Beach County community issues. “Directly” means that the program *achieves* a real solution, rather than *advancing* a solution. An example of direct impact is providing bicycles for homeless people; an example of an indirect solution is asking for help to fundraise for the homeless. Not all questions require a lengthy answer, but for those which require explanations, please do not exceed 250 words. Consider that too few words though may indicate your idea is under-developed.

1. Concisely describe the program for which you are seeking funds. If there is a reason you are uniquely qualified to address this problem, please include it.

2. Describe the targeted population to be served (include demographical information). How have you verified that your solution is both desirable and feasible?

3. What specific benefits for Palm Beach County are you planning to accomplish with this program? How will you measure and demonstrate that you have achieved these results?

4. Briefly explain how this program creates a new solution, or expands an existing one?

5. Are there others in the community already providing similar services? If so, who? How is your solution unique?

6. If you are partnering with a specific organization or nonprofit, please explain how you will specifically work with that organization. Please define roles and responsibilities for both you and the organization? If so, please complete "Partner Information" section which follows.

7. How will the program be implemented and staffed? What is the timeline for implementation?

8. Mentoring and awarded funds will be given within 12 months following the live event. Explain how your program will be sustained after that first year. Who will continue to lead it, and how will it be funded?

9. Describe what type of mentoring or resources (besides financial) you need for this program to be successful.

10. Describe this program's budget. Consider and address the following, but feel free to expand your answer beyond:

- What is the total funding you need to cover total expenses?
- State a specific timeline (e.g. one month after funding, # of items will be purchased, after two months, # of additional items will be purchased, etc.) for when you anticipate spending the award during the 12-month funding period.
- Describe what the funds will be spent on.
- If this re-request for funding is part of a larger program, please explain those other program expenses and the financial resources in place to cover them?

11. How did you hear about the Palm Beach Philanthropy Tank program?

OTHER TEAM MEMBERS (IF APPLICABLE)

NAME	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTNER INFORMATION

Partner/ Organization

Contact Name: _____ Relationship: _____

Organization: _____ Individual Organization Non-Profit

Address: _____

E-mail: _____ Phone Number (best): _____

NEXT STEPS:

Applications will be reviewed following the midnight, December 11, 2016 submission deadline. Reviewers may contact applicant during the selection period if additional information is needed.

- Finalists will be announced January 25, 2017, and all applicants will be notified of the decisions.
- Applicants may be asked to provide additional materials prior to the final event. There will be an opportunity to be mentored in preparation for the Philanthropy Tank main event.
- Winners will be mentored by the philanthropist(s) who choose(s) to fund their program. The mentoring period coincides with the 12-month funding period. Winners agree to monthly reporting of program results and blogging during this period. Additional or alternative reporting methods may be expected.

Palm Beach Philanthropy Tank is produced by Advisors for Philanthropic Impact (API) in association with Community Foundation for Palm Beach and Martin Counties and Education Foundation of Palm Beach County.

MEDIA RELEASE FORM

For Completion by Parent/Guardian

The undersigned enters into the following agreement with Advisors for Philanthropic Impact, Inc. (collectively referred to herein as "API").

I/We agree to allow API to use my/our child(ren)'s photograph, image, likeness, video, and/or voice on their website and in publications, promotional material, DVDs, videos, CDs, or other media, including social media without compensation and without prior notice. I/we release and hold API harmless from any liability stemming from such use.

I certify that I am the parent or legal guardian of the person named below. I give my consent to the foregoing on his or her behalf.

Student - Print Name

Parent/Guardian - Print Name

Parent/ Guardian - Signature

DATE

ADDITIONAL TEAM MEMBERS (IF APPLICABLE)

Student - Print Name

Parent/Guardian - Print Name

Parent/ Guardian - Signature

DATE

Student - Print Name

Parent/Guardian - Print Name

Parent/ Guardian - Signature

DATE

Student - Print Name

Parent/Guardian - Print Name

Parent/ Guardian - Signature

DATE