Youth Programming - Reimbursable Grant 2025-26

Welcome

For any questions regarding the online application, please email youthservices@toledo.oh.gov.

Note: Unlike previous years, the 2025-2026 Programming will be awarded to program partners as reimbursement grants. The City has $250,000 available.

You may start the application and save your progress. You do not need to submit it immediately.

All applications must be submitted by midnight on January 27th for grant consideration.

Organization name: (required)

Limit: 300 characters

Program name: (required)

Requested grant amount: (required)

$ [   ] USD

Minimum award $2,000. Maximum award $10,000.

Applicant Information

Please tell us about the person applying:

Applicant Name (required)

First Name (required)

Last Name (required)

Phone number: (required)

Email address: (required)

email@example.com

Is the primary contact different than the person listed above? (required)

○ Yes

○ No

Organization Information

Please tell us about the organization:

Street address: (required)

City, State: (required)

Zip code: (required)

Organization website:

example.com

Is your organization a 501c3?
(required)

○ Yes　　　　　　　　○ No　　　　　　　　○ In process

Are you a minority or woman owned organization? (required)

○ Yes　　　　　　　　○ No

Are you currently a registered vendor with the City of Toledo?
(required)

○ Yes　　　　　　　　○ No

Number of paid employees: (required)

If you have more than one paid employee, you must have Bureau of Workers Compensation (BWC) coverage.

Number of contract employees: (required)

Number of volunteers: (required)

Have you ever requested funding for programming with the City before?
(required)

○ Yes   ○ No

Program Information

Please tell us about the program you're requesting funding for.

Please pick the category you feel best describes what this program does:
(required)

○ Leadership Development & Mentoring (Grow)

○ Sports & Athletics (Move)

○ Fitness & Health (Thrive)

○ Nature & Outdoor Experiences (Explore)

○ Performing Arts & Media (Perform)

○ Arts & Creativity (Create)

○ Family Fun (Play)

○ Academic & Career Readiness (Learn)

How long has the program been operating? (required)

[   ]

Program capacity: (required)

[   ]

Number of participants.

Please provide a short description of the program (your elevator pitch for why youth should participate in this program). (required)

[   ]

Limit: 250 words

Please provide a detailed description of program offering and target audience. Emphasize any mentoring focus.
(required)

[   ]

Limit: 1000 words

Target age range: (required)

Limit: 100 words

Program start date (required)

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When will the program start in 2025?

Program end date (required)

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How many hours will the program run each week during the program? (required)

Average

Number of weeks the program will last: (required)

Program location: (required)

If you use a City park, please remember to coordinate through the City of Toledo's Park department. Please email Parks@toledo.oh.gov with the location, dates, and times.

Hours of operation. Please be as specific as possible and include am or pm: (required)

	A	B	C
1		Start Time	End Time
2	Monday		
3	Tuesday		
4	Wednesday		
5	Thursday		
6	Friday		
7	Saturday		
8	Sunday		

This information will be used for printed promotional materials. Please be as accurate as possible.

Please provide information on program employees: (required)

	A	B	C	D	E

1		Name	Title	Degree	Paid/Volunteer/Cont
2	Employee #1				
3	Employee #2				
4	Employee #3				
5	Employee #4				
6	Employee #5				
7	Employee #6				
8	Employee #7				
9	Employee #8				
10	Employee #9				

What are the proposed outcomes of your program? What impact will your program have on the city's youth? (required)

Limit: 1000 words

How do you plan to measure your programs success? Describe your evaluation strategy. If your program is in collaboration with any other program please explain and outline the impact. (required)

Limit: 1000 words

Describe your program's ability to plan and incorporate mentoring into its programming. If mentoring is not being offered please indicate "N/A". (required)

Limit: 1000 words

How do you intend to promote/market your program to reach potential participants, and how will this incorporate your partnership with the City of Toledo? (required)

Limit: 1000 words

Does your program have funding to operate without initial funding as this is a reimbursable grant? (required)

○ Yes   ○ No

Can your program make accommodations for youth with special needs?
(required)

○ Yes　　　　　　　　　　　　　　○ No

Will you be transporting kids in vehicles?
(required)

○ Yes　　　　　　　　　　　　　　○ No

Is there a cost to participate in your program?
(required)

○ Yes　　　　　　　　　　　　　　○ No

Grant Funding

Please be aware that not all items in your budget may be eligible for grant funding. All purchased items will require receipts to support expenditures. Monthly reporting is mandatory. All awarded funds not supported with receipts must be returned back to the City within 30 days of the end of the scheduled program.

If your program is chosen for funding, you will be required to:

- **Register as a vendor** with the City of Toledo
- Provide proof of commercial **general liability insurance of $1,000,000**, with the City of Toledo named as an additional insured.
- If transporting youth as part of the funded program, provide proof of comprehensive **automotive liability insurance**, with the City of Toledo named as an additional insured. Funding awards **under $40,000 will require $500,000** of coverage. Funding awards **$40,000 or above will require $1,000,000**.

If these requirements will create an increase in the expense of your insurance coverage, this expense can be listed in your budget request.

All expenses will be reviewed as part of your budget submission. Please be as detailed as possible.

Please upload a detailed program budget using the template provided below. (required)

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                    [ Choose File ]

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Select up to 2 files to attach. No files have been attached yet. You may add 2 more files.

Acceptable file types: .pdf, .xls, .xlsx

Please use this **budget template** for your submission. Save a completed copy to your personal computer and attach the file here.

Please provide the average spend per child for the program: (required)

$ [_____]

How will this cost add value to the community and the city's youth? (required)

[   ]

Limit: 1000 words

Do you currently have any other funding secured to support the proposed program? Please list all secured funding and the amount. (required)

Limit: 1000 words

Aside from information provided in the previous answer, are you seeking any additional financial support from other granting organizations? Please list all organizations, how much, and the relationship. (required)

Limit: 1000 words

Are you partnering with any other organization to provide the programming outlined in this proposal? Please provide details. Collaboration is encouraged. (required)

Limit: 1000 words

If you have additional files that you believe would be helpful in explaining your programming, please feel free to upload.

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .m4a, .mp3, .wav, .wma, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv, .epub, .key, .mobi, .mus, .musx, .ppt, .pptx, .sib, .xls, .xlsx, .zip

Certify and sign

☐ I certify that all the information provided in this application is complete, true, and correct to the best of my knowledge and belief. If this application leads to funding, I understand that false or misleading information in my application may result in funds being denied.

☐ I have reviewed the above guidelines and agree to comply with all City of Toledo Department of Parks and Youth Services reporting requirements specific to this funding. I acknowledge that funded partners will be expected to comply with the City of Toledo's anti-discrimination and EEOC policies.

Date:

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Applicant signature:

First Name

Last Name