

Student Intern Program Polk County Community Foundation 2010 Guidelines

The Polk County Community Foundation is pleased to announce the Student Intern Program. \$15,000 is available for high school summer intern grants in 2010. The agency will be responsible for the hiring of interns directly under guidelines provided by the Foundation.

The Polk County Community Foundation will provide the grant directly to the agency. The agency will be responsible for the intern's hiring, training and salary payments. The intern is an employee of the agency.

The Foundation continues to support employment opportunities that benefit both the agency and the intern, funding the salary of the intern at a rate of \$8.00 an hour plus the agency's share of FICA. Each intern's salary is to be treated as income to the intern, subject to FICA and income taxes.

Internships are for a maximum of eight weeks during the summer months.

Agencies:

Participating agencies must be actively offering charitable and beneficial programs within the area served by the Polk County Community Foundation.

Internships:

Priority will be given to challenging, well-supervised internships that provide interns with a meaningful role in planning and carrying out a special program or project of the agency.

Preference will be given to agencies providing internships with the following components:

- An assignment that has broadly applicable learning experiences
- An assignment to a special project or distinct set of ongoing responsibilities that develops technical/professional skills
- An orientation program that is complete and thorough
- Effective supervision of the intern and mechanisms that help the intern recognize what he or she is learning with emphasis on the importance of nonprofit service to American society, specifically to our community.

Intern Selection Requirements:

During the period of summer employment, the student must be an actual or rising freshman, sophomore, junior or senior in high school. ("Rising" is a term used in the summer to refer to the student's status for the upcoming school year.) During the period of employment, the student must be enrolled in high school or involved in a home school program. Interns must be at least 14 years old on the first day of the internship. The interns must reside in Polk County, Saluda or Landrum zip code 29356.

Interns who have benefited from the Polk County Community Foundation's internship program in past years may be hired by a different agency, but not the same agency.

Family members (children/siblings/grandchildren) of board and staff at an agency are not eligible to be hired as interns at that agency.

Interns will be asked to fill out a report form regarding their experiences as an intern with your agency.

Hiring guidelines and other requirements are attached to the grant approval letter as grant conditions.

Disclaimer:

The Polk County Community Foundation will not train, employ, supervise, pay or discharge the interns. The Polk County Community Foundation disclaims any and all liability in connection with the internships to the interns, other employees and agents of the agencies, to the agencies themselves, and to all third parties. Each agency assumes responsibility for any and all liability to its intern, other employees and agents of the agency, and third parties.

Questions?

For additional information concerning this or other grant applications, or help with your unique situation, please contact our Grant Manager at the Polk County Community Foundation.

You may visit us at 255 South Trade Street, Tryon, NC or at www.polkccf.org; call 828-859-5314; or email: grants@polkccf.org.

Application Deadline:

Only Cycle: By Tuesday, January 12, 2010 at 1:00 p.m.

Notification of funding decision:

Only Cycle: By Friday, March 12, 2010

Please submit applications to:

**Polk County Community Foundation
255 South Trade St.
Tryon, NC 28782**

Student Intern Program
Polk County Community Foundation
2010 Application

I. COVER SHEET:

Date of Application: _____

Organization Name: _____

Address: _____

Telephone Number: _____ Email: _____

Name and Title of CEO/Executive Director/President/Board Chair/Principal:

Name: _____

Title: _____

Telephone Number: _____ Email: _____

Contact Person for this grant application (if different from above):

Name: _____

Title/Role in the organization: _____

Telephone Number: _____ Email: _____

What is your tax identification number? _____

What is your nonprofit status? _____

Enclose IRS 501(c)(3) letter (required) or explain your charitable status if not a 501(c)(3).
(eg. Unit of Government)

Is your organization more than five years old? _____

When does your fiscal year end? (eg. June 30) _____

List the number of paid staff at your organization. _____ F/T _____ P/T

Summarize your organization's mission in the space provided:

Brief Project Description:

Total Intern Grant request (for salary at \$8 an hour plus FICA)

\$ _____

How many interns would you like? _____

Intern Supervisor's Name: _____

Intern Supervisor's Title/Role in Organization: _____

Is Intern's Supervisor a Paid Staff Position? Yes ___ No ___ F/T ___ P/T ___

Intern Supervisor's Work Address: _____
(if different)

Intern Supervisor's Work Phone: _____
(if different)

II. DESCRIPTION OF INTERN PROGRAM.

On a separate sheet of paper, detail the intern's job responsibilities, your proposed orientation program, and how the intern will be supervised. If you are requesting more than one intern, please explain why. Include a brief summary of the qualifications of the intern supervisor.

III. PROJECT BUDGET.

Identify the schedule for the internship, including the total number of hours the high school intern is expected to work per week and the estimated number of weeks the intern would work this summer. Include totals for hours and total estimated compensation. The total should match the Total Intern Grant request number on the cover page.

IV. REQUIRED FINANCIAL STATEMENT.

Attach an operating statement for the most recently completed full fiscal year, detailing your agency's expenses and revenues.

I certify that the information contained in this proposal is true to the best of my knowledge and I have the authority to commit the organization to this project.

Signature

Printed Name

Title: _____

Date: _____

This must be signed by the person who is listed as the head of your organization on the cover sheet.

Please deliver applications to:

Polk County Community Foundation
255 South Trade St.
Tryon, NC 28782

Incomplete, incorrectly formatted, late, emailed or faxed applications shall not be considered. If you wish, you may schedule an appointment well before the deadline with our Grant Manager. During your appointed time, you may ask the Grant Manager to certify that your application has been turned in on time and is complete.