



Community Grant Application Form

**** Complete one of these forms for EACH Project****

Group Name: _____

Group Contact: _____

Address: _____ **Phone #: (H)** _____

_____ **(B)** _____

Postal Code: _____

Has Community Grant Funding been approved for this project in previous years? _____ Yes _____ No

Please check off which Grant you are applying for:

_____ **Basic Funding** _____ **Target Population Funding**

PROGRAM NAME: _____

Program Description: (Use additional pages if needed)

1. Goal: _____

2. Description of Activity: _____

3. Benefits of Activity: _____

4. Who Benefits: _____

Registration fee charged to participate: _____ Maximum # of Participants: _____

Is the program available to the community? _____ Yes _____ No

BUDGET

REVENUE:

Community Grant Request \$ _____

Self Help: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Revenue \$ _____
=====

EXPENSES: (Please list all Expenses for the Program)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____
=====