

COMMUNITY SAKE GRANT

APPLICANT INFORMATION

Name of Organization

Type of Organization (attach copy of 501(c)(3) Certification)

Contact Name

Address of Organization (must be located or do business in the City of Colusa)

Phone and Email

REQUEST INFORMATION

Amount Requested

Total Project/Program/Event Cost

Project/Program/Event Title

Date(s)

1. Briefly describe the project and the specific purpose for which you are requesting funds

2. What results do you hope to achieve and how will those results be sustained after this grant period?

3. Give a detailed budget for your project/program/event and (a) include the time frame of your budget and (b) how the funds will be used if granted.

4. Please indicate any collaboration which will take place on this project/program/event in the way of other funding, staffing, in-kind contribution, and joint participation.

5. How do you propose to publicize and involve the community in the project?

6. How will you evaluate the success of your project? What reporting mechanism will you use to communicate your progress to the Council and community?

Name & Signature

Date

Approval