Individual Project Applicar	it —Please enter you	r information
Name:		
Address:		
Contact Phone Number:		
Contact E-mail Address:		
Organization & Project Cor	ntact Information—P	lease enter your information (this portion does not need to filled out
for individual applicants.)		
Organization Name:		
EIN Number:		
Executive Director:		
Contact Name:		
Contact Title:		
Organization Address:		
Contact Phone Number:		
Contact E-mail Address:		
Website Address:		
Project Information Overv	ew—Please provide	the following information
	Date:	
	Project Title:	
Duration of Project or T	entative Start and	
End Dates:		
List Committed and Pot	ential/Anticipated	
Partners/Collaborators	on Project, if any:	
Approximate Amount	to be Requested :	
If applicable, Estimated An		
Requested or to be Requested from Other		
Sources:		
Estimated Total Project Amount:		

Explain the current situation, the need for your project, and who in the roject tie into the City's Vision Statement?

Please answer the following questions: Why is the project needed now? Are the results long lasting? Are there any obstacles and how do you plan to account for them? Will the project need long term funding such as maintenance, supplies and up at the end of the grant cycle?	keep and how will that be addressed

Other information: Please provide any additional information that you believe we should know about the project, yourself or your organization, (you are not required to fill out anything here).			

Please complete by listing the major milestones of the project start and end date, responsible party, please include additional pages if necessary.

Estimated Start Date	Major Milestones/Steps	Name & Position of Responsible Party	Estimated Completion Date

Additional Budget Information:	
Provide 1-2 paragraphs describing any possible funding partners or avenues for additional funding (e.g marfunds, fundraising, private donations) that you have explored. Are there any aspects that could be complewere awarded partial funding?	

Budget Detail – Using the table below provide an itemized list of expenditures and what will be funded by the requested grant.

Expense/Purchases (e.g., consultant, travel, supplies, printing, materials communication)	Anticipated amount funded by grant
TOTAL	\$

Matching Funding(if applicable):			
Sources of other funds –name and list each source of revenue	Expense/Purchase	Amount	
TOTAL		\$	
	1		