



GRANT APPLICATION

Name of Event/Project/Activity
((1) One event per application.):

Date of Event:

Name/Title of Preparer:

Application Date:

(A) Total Event/Project/Activity Cost? \$

(B) What is the amount contributed by your organization?
(Do not include salaries or employee benefits.) \$

(C) Have you requested financial support from other organizations for this activity?

If so, who? Amount \$

Will you request financial support from other organizations for this activity?

If so, who? Amount \$

(D) Amount contributed by other organizations, grants, donors, etc.

From (A) Subtract (B) and (C) = Total Grant Requested Amount \$

**A COMPLETE BUDGET OF THE EVENT MUST ACCOMPANY GRANT APPLICATION TO BE CONSIDERED FOR FUNDING.
THE BUDGET MUST REFLECT EXPENSES FOR THE EVENT ONLY, NOT TO INCLUDE EMPLOYEE SALARIES.**

GWEN CHERRY PARK FOUNDATION



Event Start Date

Event Completion Date

Describe how this activity will enhance the youth and their developments.

How many youth will benefit from this activity?

BOYS:

GIRLS:

How many parents will volunteer/chaperone at this event?

Other:

Describe performance expectations and overall completion of activity.

Describe the staff and resources needed to implement the activity and the applicant's ability to provide these resources. (Number of coaches, chaperones, etc. . .)

What outreach or media activities are planned relative to this activity? (Ex. Signs, press releases, success stories photographs, developing of a package to share with other communities to serve as a model.)

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How will this activity offer long-term social, academic, or emotional benefits?

How will the Foundation's donation be recognized?

POINT OF CONTACT

First & Last Name:

Work Phone: () _____ - _____

Cell Phone: () _____ - _____



Grant funds to be sent to:

Name:

Address:

Telephone: () _____ - _____

Check Payable to:

Date by when funds need to be received.

On behalf of Grantee, I understand and agree to the foregoing terms and conditions of the Gwen cherry Park Foundation's grant and hereby certify my authority to execute this agreement on Grantee's behalf. The information contained herein for the grant application is true and correct. The undersigned is duly authorized to submit this Grant Application to the Gwen Cherry Park Foundation for it's review and approval.

Name of Organization _____

By: _____

Date: _____

By: _____

Date: _____

Authorized Signatory Name: _____

Date: _____

Itemized Budget

Budget can be included here or submitted in a separate document.