

Rolando Community Council Community Grant Application

Name of Organization _____ Application Date:

Description of Organization, including current programs and activities and any service statistics:

Address _____

Phone # _____ Fax _____ Website _____

EIN # _____ Contact Person Regarding this Application _____

Proposal Information

History, Mission and Goals of your Organization _____

Population served _____ Project Dates, if applicable _____

Briefly summarize your Proposal _____

How would this project benefit the Rolando Community? _____

Opportunity, challenges, issues or need currently facing your Organization that which your Proposal addresses _____

Overall goals regarding this challenge? _____

Objectives Regarding ways you plan to meet these goals? _____

Project Budget

Dollar amount Requested \$ _____ Total annual Organization Budget \$ _____

Total Project budget, if applicable \$ _____

Evaluation

Describe your criteria for success with the project you plan to fund with this grant. What do you want to happen as a result of your activities, both immediate and long-term? _____

How will you measure these changes? _____

What will you do with your Evaluation results? _____

Authorization

Name and title of Organization staff or Board Chair _____

Signature and Date _____