

**CALAVERAS COMMUNITY FOUNDATION
APPLICATION FOR FUNDING**

Organization Name: _____ Project Name: _____

Contact Person: _____ Mailing Address: _____

Phone: () - Fax : () - Email : _____

Date submitted: _____ Grant amount requested: \$

Can project be partially funded? Yes No If yes, explain in detail, section VIII. \$

This application is for (check one): **Seniors Initiative** **Community Enrichment Initiative** **Youth Initiative**

I. Organization's Background and Purpose (Include last year's annual revenues and the approximate number of Calaveras residents served)

II. Project Description – Specifically focus on how this project will address one of the Foundation's Initiatives

III. Expected Results (Include criteria for determining effectiveness of grant)

IV. Project Milestones (Include activity and/or completion dates)

V. CCF Importance (Impact on project if CCF does not provide full or partial funding)

VI. Other Funding Sources (Cash, grants, in-kind, volunteers, etc.) received or pursuing

VII. Provide a brief description of how you plan to publicize the grant you may receive from CCF

VIII. Explanation of Partial Funding

