

**CALAVERAS COMMUNITY FOUNDATION
APPLICATION FOR FUNDING**

Organization Name: _____	Project Name: _____
Contact Person: _____	Mailing Address: _____ _____
Contact No.: () - _____	Email: _____
Date submitted: _____	Grant amount requested: \$
Can project be partially funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain in detail, section VIII. \$

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

II. Project Description

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 description of how you plan to publicize the grant you may receive from CCF

VIII. Explanation of Partial Funding

PROJECT BUDGET

Can be funded, fully or partially up to \$10,000

Operating Cost Description <i>(excluding personnel & overhead expenses of any type)</i>	Full Funding Request	*Partial Funding Request
TOTALS	\$	\$

*If project can be partially funded, fill out the appropriate column and explain under item VIII.