

**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**

