



## COMMUNITY PROJECT SPONSORSHIP PROGRAM GRANT APPLICATION

Date: \_\_\_\_\_ Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Project/Event: \_\_\_\_\_

Grant Amount Requested (out of \$5,000 max.): \$\_\_\_\_\_

Describe the Project or Event: \_\_\_\_\_

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What is the purpose or goal of the event or project?

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What are the overall benefits of the event or project? \_\_\_\_\_

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If this is an event, what is your target audience? \_\_\_\_\_

If this is an event, how many attendees are expected?

Total Attendees: \_\_\_\_\_ In-County \_\_\_\_\_ Out of County \_\_\_\_\_

Is the project or event primarily focused on local residents or visitors or both? \_\_\_\_\_

If grant request supports a project or promotional or marketing program:

Total Audience: \_\_\_\_\_ Target Audience: \_\_\_\_\_

Methods of reaching target audience for event, project, or promotional or marketing program:

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Has this project or event happened before? If so, when? \_\_\_\_\_

How will you measure and document the success of the event? \_\_\_\_\_

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What percentage of Project/Event budget does this CPSP grant request represent? \_\_\_\_\_

How will receiving less than the requested amount impact your project/event? \_\_\_\_\_

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Provide proposed budget:

Project/Event Revenue	
CPSP Grant	
Other Grant(s) – Explain	
Event/Project Co-Sponsors	
Event Admission	
Other – Explain	
Total	
Project/Event Expenses	
Staff Support	
Facility Rental Fee	
Materials/Supplies	
Entertainment	
Marketing	
Other – Explain	
Total	

Describe non-monetary/in-kind support for the event or project.

Volunteers \_\_\_\_\_ Volunteer Hours \_\_\_\_\_

How many businesses will donate supplies, prizes, advertising, etc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Tax ID# \_\_\_\_\_

Primary Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any in-kind support or other financial assistance your organization currently receives from Inyo County: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature acknowledges that all information on application is true and correct and that Applicant has read and agrees to comply with Community Project Sponsorship Program Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach:

Proof of non-profit status under IRS Code Sections 501(c)(3), 501(c)(4), 501(c)(6), or 501(c)(7).

- Organization's Budget for current fiscal year including identification of all reserve funds.
- W-9 Form
- Certificate of Liability Insurance listing Inyo County as additionally insured.
- Tax Status Certificate (verifies no taxes are owed to Inyo County by the Organization receiving a CPSP grant).
- Written overview of the event or program.

Optional:

- Letters demonstrating community support