



COMMUNITY PROJECT SPONSORSHIP PROGRAM GRANT APPLICATION

Date: _____ Name of Organization: _____
Contact Person: _____ Phone: _____ Email: _____

Name of Project/Event: _____

Grant Amount Requested (out of \$7,500 max.): \$_____

Describe the Project or Event: _____

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

What are the overall benefits of the event or project? _____

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:

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

How will you measure and document the success of the event? _____

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

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

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: _____

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