

COMMUNITY PROJECT SPONSORSHIP PROGRAM GRANT APPLICATION (2019 REVISIONS)

| Name of Project/Event: | | | |
|----------------------------------|--------|---------|--|
| Amount of Grant Request: \$ | | | |
| Date: | | | |
| 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: | | | |
| | | | |
| | | | |

ACTIVITY INFORMATION

Brief general overview of Project or Event for Which Funding Is Being Requested: (A more detailed, written description of the event or project must be submitted separately as part of this application.)

Date(s) of Event or Project period:

| Total Hours Budgeted for Project | t or Event: |
|----------------------------------|-------------|
| Volunteers: Total # | Total Hours |
| Sources of Volunteers: | |
| Paid Staff: Total # | Total Hours |

BUDGET/FUNDING INFORMATION

If grant funds will be used to reimburse paid staff costs*:

| | Position | Estimated Salary Expense |
|----|----------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

*Exclusive of benefits & overtime.

Event/Project Budget:

| Budget Category | Description | Cost |
|----------------------|-------------|------|
| | | |
| Staff Support | | |
| Contractor(s) and/or | | |
| Consultant(s) | | |
| Printing | | |
| Advertising | | |
| Postage | | |
| Facility Rental | | |
| Equipment Rental | | |
| Misc. Supplies | | |
| Entertainment | | |
| Other | | |
| Total | | |

Sources of Project/Event Financing:

| Source_ | | <u>Amount</u> |
|----------------|------|---------------|
| Fees/Admission | | |
| | | \$ |
| | | \$ |
| | | \$ |
| Т | OTAL | \$ |

If the fee or admission charge has increased or decreased in the past five years, please explain:

OTHER INFORMATION

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

Sources of In-kind Support:

| <u>Description</u> | Source | Value |
|--------------------|--------|-------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | TOTAL | \$ |

Describe how the event or project will comply with the requirement that the County of Inyo must be listed as an event or project sponsor or co-sponsor on all advertisements, promotional items, or other collateral materials (including brochures, web sites, etc.). Identify each medium (e.g., name of publications or digital or online site) in which ads or promotional materials will be placed).

| How will receiving the total g | rant amount requested enhance th | ne Project/Event? |
|---------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|
| | | |
| | l grant funding enhance the Proj | ect/Event? |
| Identify Top 3 Benefits of Pro | ject Event (Place 1,2,3 in boxes b | pelow) |
| Fundraiser | Attract visitors from outside of Inyo County | Attract visitors from other communities in Inyo County |
| Fundraiser for multiple gro | oups (list groups: |) |
| Cultural enrichment | Recreational enrichment | |
| Other | Describe: | |
| Other | Describe: | |
| Comments: | | |
| If grant request supports an ev | ent: | |
| Total Attendees: | In-County Ou | t of County |
| If grant request supports a pro | ject or promotional or marketing | program: |
| Total Audience: | | |
| | promotional program will target ill be used with estimates for tota | the intended audience, and what media audience or reach. |
| | | |
| | | |
| | | |

Community Project Sponsorship Program Grant Application, Rev. 2019

| How will outcome of Project/Event be measured? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What will constitute the Event/Project being a success? |
| Is the Project/Event part of a regional program? $Y \square N \square$ Could it be? $Y \square N \square$ |
| |
| Identify similar Events/Projects your organization has successfully implemented: |
| |
| What are your plans for continuing the Project or Event in future years? |
| How? |
| Circulation and a second device the formation of a second is the second as much and that A second is second to be second t |

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