

Grant Application

Community Foundation for Oak Park
P. O. Box 291
Agoura, CA 91376-0291

For Grants Committee use only:

Date received: _____

Date reviewed: _____

Recommendation (enter number of votes):

Approve

Disapprove

Date: _____

Applicant organization: _____

Address: _____

Contact Person: _____

Contact Phone: _____

I certify that the applicant is a non-profit organization, that the statements in this application are true and correct, and that any grant received from the Community Foundation will be used as described herein. I agree to refund to the Community Foundation any portion of the grant that cannot be used in accord with conditions imposed on this grant or in accord with the policies of the Community Foundation.

Authorized Signature

Typed Name

Title

Please indicate the item number in any attachment needed to complete an item on this form.

1. **Nature of Project** (Brief description, including goals and objectives, staffing and administration)

2. **Benefit of Project** (Why is it needed? Who will benefit? How does this relate specifically to Oak Park and its residents?)

3. **Project Timeline** (When does it start? What is the sequence of activities? Does it end and, if so, when?)

PROJECT FINANCING

- 4. **Project Expenses** (Itemize for personnel, equipment, supplies, administration, publicity, travel, fund-raising, etc; clearly show costs [such as fees or commissions] of professional fund-raising activities and costs of requesting grants; group expenses to distinguish costs of direct services to beneficiary clients from overhead; indicate which expenses have already been incurred.)

Total Cost of Project\$_____

- 5. **Project Revenues** (List expected and realized private donations, public agency grants, government grants, gross proceeds from fund-raising [before paying commissions or fees for outside fund-raising services and other costs], etc; indicate which amounts have already been raised; **do not include the Community Foundation grant being requested.**)

Total Project Revenues.....\$_____

- 6. **Amount of Grant Requested from the Community Foundation**\$_____

(Describe below how any additional shortfall — beyond this grant — between Expenses (#4) and Revenues (#5) will be covered. If this is an ongoing project, describe how it will be funded in the future.)