



COMMUNITY PROJECT SPONSORSHIP PROGRAM GRANT APPLICATION

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

Description of Project or Event for Which Funding Is Being Requested:

Date(s) of Event or Project period: _____

Total Hours Budgeted for Project 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:

| | <u>Position</u> | <u>Hourly Pay Rate*</u> | <u>Hours for Project/Event</u> |
|----|-----------------|-------------------------|--------------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

*Exclusive of benefits & overtime. Must provide documentation of pay rate with payment request.

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:

| <u>Source</u> | <u>Amount</u> |
|-----------------------------|---------------|
| <u>Fees/Admission</u> _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

If a fee is charged to participants of the Project/Event, has the fee been increased or decreased, and by how much, to reflect the costs of staging the event? Describe:

OTHER INFORMATION

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

Sources of In-kind Support:

| <u>Description</u> | <u>Source</u> | <u>Value</u> |
|--------------------|---------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| 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 on all advertisements, promotional items, or other collateral materials (including brochures, web sites, etc.). Identify each medium, including quantity (e.g., number of ads, posters, t-shirts, etc.) and location (e.g., name of publication in which ad will be placed).

Will the Project/Event happen if your organization does not receive a Community Project Sponsorship Grant? Y N

If, "Yes" how will receiving a grant enhance the Project/Event?

If "Yes" how would receiving only partial grant funding enhance the Project/Event?

Identify Top 3 Benefits of Project Event (Place 1,2,3 in boxes below)

- Fundraiser
- Attract visitors from outside of Inyo County
- Attract visitors from other communities in Inyo County
- Fundraiser for multiple groups (list groups: _____)
- Cultural enrichment
- Civic tourism
- Recreational enrichment
- Other _____ Describe: _____

Comments:

If grant request supports Event:

Total Attendees: _____ In-County _____ Out of County _____

If grant request supports project:

Total Audience: _____ Electronic (describe) _____

 Print (description) _____

Expected Visitation _____ In-County _____ Out of County _____

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 N

Could it be? Y N

Identify similar Events/Projects your organization has successfully implemented:

Describe how you believe the Project/Event supports the tenets of civic tourism?

Is your organization, or the Project, or Event already receiving financial or in-kind support from Inyo County? Y N

Describe:

If this Project/Event was funded in the past five years by a CPSP grant, did the Project/Event meet the goals and measurements of success outlined in the previous CPSP Grant Application?

Yes N Describe:

What are your plans for continuing the Project or Event in future years?

How?

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 and Standard Contract No. 159.

Signature

Date

Attach:

- Certification of Tax Status
- IRS certification of organization's 501(c)(3) or 501(c)(6) status
- Organization's Budget for current fiscal year including identification of all reserve funds
- Financial Statements prepared/reviewed/compiled/audited (circle all that apply) by_____.
- W-9 Form

Optional:

- Single page (one sided, 12-pt font, single spaced) expanding on any aspect of your Project or Event
- Letters demonstrating community support