



COMMUNITY PROJECT SPONSORSHIP PROGRAM GRANT APPLICATION

NOTE: If your organization plans to use any portion of the grant funds for *amusement rides, animal rides, animal shows, fairs, fireworks/pyrotechnics, gun/knife shows, haunted houses, motorsports events, overnight camping/accommodations/lock-ins, parades, rodeos, sporting events (including foot races), water-related activities, wine/alcohol tasting, and/or higher hazard potential activities*, then a written safety plan and a minimum of \$1M per occurrence, \$2M aggregate in general liability, with Inyo County, its officials, officers, employees, agents, and volunteers endorsed as additional insured, are required. Insurance certifications and safety plans can be emailed to risk@inyocounty.us. For more information, contact Inyo County Risk Management at 760.872.2908.

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.)

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>Estimated Salary Expense</u>
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		

Sources of Project/Event Financing:

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

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>	<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 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 grant amount requested enhance the Project/Event? _____

How will 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

Recreational enrichment

Other _____

Describe: _____

Other _____

Describe: _____

Comments: _____

If grant request supports an event:

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

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

Total Audience: _____

Describe how the project or a promotional program will target the intended audience, and what media (including online or digital) will be used with estimates for total audience or reach.

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: _____

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.

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