



2003 Small Grants Application
Applications Due Friday, October 10, 2003

Name of Contact		
Name of Organization or Group	Contact's Title	
Street Address	City	Fax
Phone Number	E-mail Address	
Name of Fiscal Agent (if applicable)	Phone Number of Fiscal Agent	

Project Name: _____

Brief Project Description:	Number of people directly benefiting from project:
	Where do project participants live?
Project Start Date:	Project Completion Date:

Budget Information

		Amount	Description
A	Amount Requested (max. is \$7,500)	\$	
B	Other Sources of Revenue or in-kind	\$	
C	Personnel Costs	\$	
D	Other Expenses	\$	
E	Total Project Amount	\$	Check the formula in bold, below, to make sure that your budget adds up correctly. Project Revenue must equal Project Expenses. Row A + Row B = Row E Also, Row C + Row D = Row E

I hereby state that the funds requested in this application do not supplant any existing revenue sources. I certify that everything stated in this application is true and correct.

Name of Agency President/Organization's Authorized Representative: _____

Signature: _____

Date: _____

Please limit your answers to this page only. Write clearly or type with 12 point font.

Describe the proposed project. Is there a clear link to Commission goals? Mention dates of key activities.

Explain why the project is needed for the people it will benefit.

Explain how you will know that the project has been a success for young children and/or their families.

Describe your organization/group, including the lead person(s) who will oversee this project.