



Application Information

Organization Name

Street Address

City/Zip Code

Phone Number

Contact Name

Project Information

Grant Amount Requested: _____ (Maximum is \$3,500)

Please respond to the application questions on a separate sheet of paper. Please make sure all answers are complete. Incomplete or illegible applications will not be considered.

Project Name:

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1. Describe your service project. Describe all phases of the project. Please give us as much detail as possible.
 2. When AND Where will your project take place?
When: _____ Where: _____
 3. How many volunteers if any do you expect to participate in your project?

4. Explain why our community needs your project and who will benefit. Provide research, facts, data, or testimonials to support that there is indeed a problem. How will your project help and who will it help?
5. If you have received grant funds from the City of Kimberly in the past, please provide a copy of the most current grant application awarded and associated documents which demonstrate and support your awarded grant fund disbursement. Due to ever changing citizen / recipient / family applications, the needs of the community and existing donors and new donors, the City anticipates the need for the Director / Administrator of applicable organizations, to modify product inventory purchases and services to provide for those in need.
6. If applicable, how will the project be maintained? Who will maintain this project over long-term?
7. How will participants and volunteers be acknowledged?
8. What other organizations, schools and clubs are partnering or supporting your service project?
9. Create a project budget (sample provided). Describe the things that you will need to buy and how much each item costs. Include the total amount you are requesting. If your budget is more than the amount of this grant, please explain who you will raise the rest of the money.

PROJECT NAME: _____

BUDGET

<u>ITEM</u>	<u>VENDOR</u>	<u>COST PER ITEM</u>	<u>TOTAL COST</u>
<i>EXAMPLE: 10 T-Shirts</i>	<i>Costco</i>	<i>\$5.00 Each</i>	<i>\$50.00</i>
1.			
2.			

3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
			Total
			\$ _____



Statement of Agreement

If I receive a Grant from the City of Kimberly, I understand that the funds will be made payable to Applicant upon award of the grant. I further understand that the City retains the authority to make and award grants at its sole discretion. I understand that the City retains the right to review progress of the project. I am aware of the

obligations expected of grantees (as described in the application). I am prepared to see that I fulfill these requirements. If I receive the funds, and the proposed project cannot be completed for any reason, I agree to return the entire amount of the grant funds to the City of Kimberly unless otherwise agreed to by the City.

Print Applicant Name

Signed Applicant

Date

Checklist v

- ___ Completed application
- ___ Completed project description
- ___ Completed past grant awarded funding #5
- ___ Completed budget3
- ___ Signed and dated Statement of Agreement
- ___ Make a copy of application for your records