



Application for Mini-Grant

The Junior League of South Brevard, Inc. awards mini-grants up to \$1,000 to non-profit organizations. Complete this form as outlined in the attached directions. Please contact the CRPD Chair at crpd@cfl.rr.com with any questions.

Section I: Agency Information

1. Organization	2. Point of contact & position	3. Phone number
4. Address	4a. State	4b. Zip
5. E-mail address	6. Age of organization: _____ Months _____ Years	7. Number of members/staff:
8. How is your organization funded? (Give brief statement of sources, with amount and purpose of funding)		
9. Brief history of your organization:		

Section II: Mini-Grant Information

10. Give a detailed statement of need for project request, stating purpose and goals and how the South Brevard community will benefit. <i>Attach additional pages if necessary.</i>
11. Have you sought funds from other sources for this project/program? If yes, list sources and amounts.



<p>12. Amount requested: (must not be used for salaries)</p> <p style="text-align: center;">\$</p>	<p>13. Define the population and number to be served:</p>	<p>14. Age range to be served:</p>
<p>15. Give an itemized budget of the project for which you are seeking funds. <i>Attach additional pages if necessary.</i></p>		
<p>16. Provide a project timeline, including specific dates. <i>Attach (1) additional page if necessary.</i></p>		
<p>17. Will this project continue after JLSB grant funds have expired? If so, how?</p>		
<p>19. Plan for measuring and evaluating project outcome:</p>		



20. If you are requesting funds to purchase items, have you attempted to get companies, stores, etc. to donate items to your organization? If so, please provide further information:

Please feel free to provide any additional information you deem necessary for JLSB to evaluate your request.

NOTE: Grantees will be required to complete an evaluation form 6 months and 12 months after the award. The forms will be mailed to you one month before they are due.

Application is hereby made this _____ day of _____ 2008

for funds in the amount of \$_____ on behalf of

(Official Name of Applicant Organization)

Federal Employer Identification Number (EIN)

Signature of Authorized Organization Official

Name

Title