



CITY OF ARTESIA
COMMUNITY BENEFITS GRANT PROGRAM
FISCAL YEAR 2017-2018

Organization/Agency Name: _____

Proposed Project or Program: _____

Funding Amount Requested: _____

(Grant Policy provides maximum funding of \$500 to each applicant each year).

Community Benefits Grant Program Application Form

Organization's Name: _____

Contact Name: _____

Phone: _____ Cell: _____

Email: _____

Address: _____ City: _____ Zip: _____

Project Title: _____

Total Project Cost: _____

Amount Requested: _____

Please answer the questions below in the space provided or attach additional sheets.

1. Briefly state the mission or purpose of the organization.

2. How will this program benefit the City?

3. Briefly describe the project and the specific purpose for which you are requesting funds.

4. What exact results to you hope to achieve and how will those results be sustained after the grant period?

5. Describe your organizations' capacity to conduct this program or project and list your recent accomplishments.

6. Attach a detailed budget for your project and (a) include the time frame for your budget, and (b) specify how the funds will be used if granted.

7. How do you propose to involve the community in the project?

8. How will you evaluate the success of your project? And how will you report that success to the City after the project?

Within 60 day of completion of the program or event which funding was granted for by the City of Artesia, the organization must provide a written report on the success of the program or event. The report shall also include a budget showing revenues and expenses.

Signature of Officer: _____ Date: _____

Print Name and Title: _____