2018

Mini-Grant Application

Please return completed application by 11:59 PM:
Friday, December 15, 2017

Applications should be emailed to:

Marlynn Jenkins

willapacommunitynetwork@gmail.com

If submitting your application digitally is a hardship please call:

Marlynn Jenkins

360-875-4558

Projects we are looking to fund MUST address or have an outcome related to:

Building Resiliency

Some examples may include programs or services that promote positive youth development and support families. Projects in the past have addressed:

- **Parent Education**
- **Family Enrichment**
- **Food Programs**
- **Literacy**
- **Community Connections**
- **Early Childhood Development**
- **Entrepreneurship and Youth Innovation**
- **Child Abuse and Neglect Prevention**
- **Youth Violence Prevention**
- **Youth Substance Abuse Prevention**
- **Teen Pregnancy Prevention**
- **Mental Health Promotion**
- **Domestic Violence Prevention**
- **School Dropout Prevention**
- **Housing and Homelessness**

For examples of recent mini-grant awards visit: www.pacificcountyyouth.org and/or http://www.wellspringpacific.org/minigrants.html

Grant funding is reimbursement-only. Scans of original receipts must be submitted for all expenses.

Typical award amounts range from $250 to $1,000 each. Projects must be completed by December 31, 2018. Scans of original receipts, invoices, and reports due within 60 days of completion of project, but no later than January 4, 2019.

2018 Mini-Grant Application

Today's Date: _____ **Date of Proposed Project:** _____

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____

E-mail: _____

We are a:

_____	Non-profit	_____	School-based group
_____	Faith-based group/organization	_____	Local Government
_____	Community-based group/organization	_____	Tribal organization
_____	Community Member/Volunteer	_____	Other_____

If the organization listed above is not acting as its own fiscal agent please indicate what organization/individual will be processing the funds.

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____

E-mail: _____

Mini-Grant Questionnaire

If necessary, attach answer on a separate page.

1. **<u>Needs Statement</u>:** **Provide an outline of the general needs in the community that your project addresses.**

2. **<u>Project Description</u>:** **In detail, describe the project. Include a project timeline.**

3. **How does your project <u>build resiliency</u>?**

4. **What are the <u>goals and expected outcomes</u> of the project?**

5. **Project Target:**

Who is the main demographic of the targeted audience?_____

How many people will be served by the project?_____

What is the target geographic area?_____

6. **Collaboration:** Describe any plans to collaborate with other community partners.

7. **Sustainability:** What parts of your project are sustainable and how will you ensure that your project's impact in the community will continue after it is complete?

8. You will be expected to **give an oral presentation** on the completed project **before reimbursement.** (if this presents a hardship please contact the mini grant coordinator)

    a. Your presentation will be greatly enhanced if a member of the target group is a participant in the reporting. Please provide the name and contact information for the person responsible for presenting the oral report to Willapa Community Network?

    _____

BUDGET (Please complete all relevant categories)

BUDGET CATEGORIES	TOTALS
1. **Materials & Supplies:** *Please include quantities and price per item*	$
2. **Printing:** *Please include quantities and price per item*	$
3. **Food:** *Please include quantities and price per item*	$
4. **Rental fees:** *Examples: space, equipment, etc.*	$
5. **Travel/Transportation:** *Estimate travel expenses needed to support the project; using the website below to obtain standard rates for your area.* http://www.gsa.gov/portal/category/21283	$
6. **Other Expenses:** *List any other expenses needed to complete the project. Attach another sheet if necessary. *Please note: wages are not a reimbursable expense.*	$
TOTAL AMOUNT NEEDED FOR PROJECT/SUPPLIES	$

If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run the project?* _____

Please indicate how the project would be affected if funded at this minimum amount:

_____

_____

*<u>**Stating a minimum amount will not hurt your chances of receiving full funding.**</u> If we receive a large number of grant requests, we may decide to partially fund as many projects as possible instead of fully funding just a few.

Grant notifications will be announced on or before:

Monday, January 15, 2018

Good Luck!