



TOWN OF CUTLER BAY
CUTLER BAY COMMUNITY FUND GRANT PROGRAM

MINI-GRANT APPLICATION

Organization Name:
Mailing Address:
City/State/Zip Code:
Phone#: Fax #:
E-mail Address:
Website Address:
Name of Contact Person: Title:

ORGANIZATION INFORMATION

Is the organization incorporated? Yes No FEIN#:
Does the organization have 501(c)(3) Tax Exemption Status? Yes No
Does the organization have a Board of Directors? Yes No
If yes, provide a list of your current board members with your application.
Total # of Board Members: # of Staff: # of Volunteers:
Does your organization carry Liability Insurance? Yes No Amount:

PROPOSAL INFORMATION

Program/Project Name:
List Specific Town Priority Area that will be addressed if funded:
Target Age Group: # of Residents To Be Served:
Amount of Request \$: Total Program/Project Cost:
Source(s) of Additional Funding:
Has your organization received previous funding from the Town: Yes No
If yes, please List Amount:
Funded \$: Year: # of Residents Served:
Please provide a brief summary of the Previous Project Funded:
Authorized Signature of Board Chair/Executive Director:
Date: / /



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1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

- Give an overview of the agency mission and history.

2. PROJECT DESCRIPTION (no more than 2 pages)

- Give a general overview of the project. Why is the project needed? Who will you serve and how will they benefit? How will the community benefit from your project? Other agencies or organizations involved in the project?

3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

- Describe the activities to achieve objectives. Who will be responsible for the overall project? What staff will be involved? Time frame for implementing the project.

4. EVALUATION OF THE PROJECT (no more than 1/2 page)

- How will you measure success or benefits? (i.e. attendance, surveys, pre and post- tests, etc.)



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5. BUDGET INFORMATION

Please fill in information as requested.

PROPOSED PROJECT BUDGET			
ITEM	GRANT REQUEST	OTHER FUNDS/INKIND	JUSTIFICATION
Personnel			
Consultants			
Supplies			
Equipment			
Travel			
Printing			
Other/specify			
TOTAL			

Grant request must not exceed \$2,500



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APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the application for review.

- _____ Cover Page
- _____ Application Checklist
- _____ Copy of Organization Non-Profit Status Letter from IRS
- _____ List of Board Members, Director/Agency Head, Titles, Addresses, Phone Numbers
- _____ Evidence of Incorporation for State of Florida (www.sunbiz.org)
- _____ Letters of Support for the project (limit to three) *Optional*
- _____ Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity
- _____ Grant request does not exceed \$2,500
- _____ Grant Application (1 original and 3 copies)

CERTIFICATION

I certify that the information contained in this Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

I understand that if information contained in this Application is found to be false or incorrect it may be cause for disqualification.

Signature of Authorized Representative

_____/_____/_____
Date

Title

Completed applications, along with the required and supporting documentation, may be emailed to Stacey Burger, Grants Coordinator, at sburger@cutlerbay-fl.gov or may be delivered to:

Office of the Town Clerk
ATTN: Cutler Bay Community Fund
Town of Cutler Bay
10720 Caribbean Blvd. #105
Cutler Bay, FL 33189