



Cutler Bay Community Fund MINI GRANT APPLICATION

Organization Name: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____

Website Address: _____

Contact Person: _____

Title: _____

Organization Information

Is this organization incorporated? Yes No FEIN#: _____

Does the organization have a 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, provide the following information below:

Funded: \$ _____ Year: _____ # of Residents served: _____

Provide a brief summary of the previous project funded: _____

Authorized signature of Board Chair/Executive Director: _____

Date: _____



PROJECT/PROGRAM SUMMARY

In this section, please provide important details on your organization and project. You may attach additional pages to provide more details.

Organization Background Information

Give a **short** overview of the agency mission and history. (**attach pages if necessary**)

Project Description

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? (**attach pages if necessary**)

Method or Strategy for Implementation

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. (**attach pages if necessary**)

Evaluation of the Project

How will you measure success or benefits? (i.e. attendance, surveys, pre and post tests, etc.). (No more than ½ page)



PROJECT PROGRAM SUMMARY CONTINUED

Budget Information

Grant request must not exceed \$2,500

ITEM	GRANT REQUEST	OTHER FUNDS/IN-KIND	JUSTIFICATION
Personnel			
Consultants			
Supplies			
Equipment			
Travel			
Printing			
Other/Specify			
Total			



APPLICATION CHECKLIST:

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

- _____ **Application Checklist (include as Cover Page)**
- _____ **Copy of Organization Non-Profit Status Letter from IRS**
- _____ **List of Board Members, Director/Agency Heads, Titles, Addresses, Phone Numbers**
- _____ **Proof of registration with Florida Department of Agriculture & Consumer Services (<https://www.fdacs.gov/Business-Services/Solicitation-of-Contributions>)**
- _____ **Evidence of Incorporation for State of Florida (www.sunbiz.org)**
- _____ **Letter of support for the project (limit to three) *Optional***
- _____ **Copy of the organization’s Certificate of Insurance and/or Letter of Indemnity**
- _____ **Grant request does not exceed \$2,500**
- _____ **Grant Application**

CERTIFICATION

I certify that the information 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 supporting documentation, may be emailed to Mary Ann Mixon at mmixon@cutlerbay-fl.gov or mailed/delivered to:

Town of Cutler Bay
 Attn: Cutler Bay Community Fund
 10720 Caribbean Boulevard, Suite 105
 Cutler Bay, FL 33189