



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_



**TOWN OF CUTLER BAY**

**CUTLER BAY COMMUNITY FUND GRANT PROGRAM  
MINI-GRANT APPLICATION**

**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.)



**TOWN OF CUTLER BAY**  
**CUTLER BAY COMMUNITY FUND GRANT PROGRAM**  
**MINI-GRANT APPLICATION**

**5. BUDGET INFORMATION**

A. Please fill in information as requested.

<b>PROPOSED PROJECT BUDGET</b>			
<b>ITEM</b>	<b>GRANT REQUEST</b>	<b>OTHER FUNDS/INKIND</b>	<b>JUSTIFICATION</b>
<b>Personnel</b>			
<b>Consultants</b>			
<b>Supplies</b>			
<b>Equipment</b>			
<b>Travel</b>			
<b>Printing</b>			
<b>Other/specify</b>			
<b>TOTAL</b>			
<b>Grant Request does not exceed \$2,500.</b>			



**TOWN OF CUTLER BAY**  
**CUTLER BAY COMMUNITY FUND GRANT PROGRAM**

**MINI-GRANT APPLICATION**

**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](http://www.sunbiz.org))**
- \_\_\_\_\_ **Letters of Support for the project (limit to three (3)) (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**