



Coachella Valley Community Trust

45-149 Smurr street Suite A Indio CA 92201 or P.O. 855, Indio, CA 92201

## APPLICATION FOR MINI-GRANT

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_

Type of Organization \_\_\_\_\_ EIN #/Non-Profit # \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Requested For: Agency c

Funding Deadline: \_\_\_\_\_ (check one) Individual c

*Complete if request by individual: (Individuals **must** complete their own application).*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Goals: *(Attach additional page, as required - please be brief).*

\_\_\_\_\_

***A budget is required for requests of \$1,000 or more.***

Note: Include a statement of how our youth are served and how many youth benefit from the program.

Objectives: *(Attach additional page as required - please be brief).*

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Signed: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Date: \_\_\_\_\_

CVCTBoard of Directors Action:

Date: \_\_\_\_\_ Approved: c

Applicant Notified: \_\_\_\_\_ Declined: c

Date Funded: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_