



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: (What will funding be used for? Please attach any demographic information regarding the target population your program will serve with grant monies, if awarded.)

Goals: (Attach additional page, as required - please be brief. Please describe why this program is important to you (if you are an individual or to the community if you are an organization).

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

(Budget should state total cost and expenses for what the mini-grant will be used for)

Follow Up Report: (Please submit a follow up report in narrative format describing the numbers served and what benefit was derived from the expenditure of the mini-grant funds within 30 days after the expenditure).

Completed by: _____ Signed: _____

Check Payable to: _____ Date: _____

CVCT Board of Directors Action: Date: _____ Approved: c
 Applicant Notified: _____ Declined: c
 Date Funded: _____ Check #: _____
 Amount: _____