



GRANT APPLICATION FORM

BUSINESS PARTNER INFORMATION

CIVIC CLUB OR ASSOCIATION NAME

Business Name

Civic Club or Association Name

Business Representative First and Last Name

Civic Club Representative First and Last Name

Physical Address of Business

Address

Zip Code

Zip Code

Direct Phone

Direct Phone

Email Address

Email Address

PURPOSE OF PROJECT

AMOUNT REQUESTED: \$ _____

Required Signatures: *We certify that the attached proposal has been discussed and approved by the decision-making body of the applying groups and that all information contained herein is accurate. Should we receive funding from the Greater Southeast Management District-Houston Southeast, we agree to provide any required reports and complete projects on a timely basis.*

Business Representative Signature

Civic Club or Association Signature

Date

Date

PROJECT DESCRIPTION

INSTRUCTIONS: Please answer the following questions as completely as possible, explaining how your project is compatible with the District's mission. You may attach additional pages if necessary.

1. What project(s) does your group plan to implement?
2. Describe specific steps that you will take to carry out your proposed project and activities.
3. Who will be involved with the project? How will your group involve other residents and/or organizations? List the names of other groups or organizations you are currently working with or plan to work with.
4. How will you know that your proposed project and activities are successful? Briefly describe how you will evaluate success. Tell us who from your group will be responsible for providing information that may determine the success of your proposed project and activities.
5. Are there other projects or issues you are planning to address this year? Yes No
 - a. If yes, please describe.

PROJECT BUDGET WORKSHEET

Describe the project cost and income and other funds or in-kind (donated) services you plan to use. *For example, list costs for supplies, equipment, outreach activities, mailing and income such as membership dues, contributions, or donated items.*

PROJECT COSTS

Type of Cost	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
Total Project Costs (sum of lines 1-6)	\$ _____

PROJECT INCOME

1. Amount requested from the District	\$ _____
2. All Other Income (<i>Source: Cash or in-kind</i>)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
Total Project Income (sum of lines 1, 2a, b, c, d, e)	\$ _____

* Total Project Costs should be same as Total Project Income.