

GRANT REQUEST APPLICATION

DIRECTIONS:

Complete this grant application and submit to the Whiting-Robertsdale Community Improvement Corporation's Community Improvement Fund Committee. *Grant Request Applications* will be considered by the Committee upon submission and at its discretion.

I. Entity Requestion Grant Funding

Name _____
Address _____
City, State & Zip Code _____
Phone _____
Fax _____
Email _____

Contact Person _____
Title _____
(Complete if different from above)
Address _____
City, State & Zip Code _____
Phone _____
Fax _____
Email _____

Year Founded (or Incorporated) _____
EIN _____
Fiscal Agent _____

II. Name of the Project

III. Project Description

(Attach an Exhibit A, if necessary)

IV. Community Impact or Benefit

(Describe the project's public safety or economic development impact - Attach an Exhibit B, if necessary)

V. Project Budget

_____ (Attach an Exhibit C showing a project budget to include a detail of revenues and expenses)

VI. Sources of Revenues

(Attach an Exhibit D showing the source of revenue, the amount and the total)

VII. CIF Funding Request

_____ (round to the nearest ten dollars)
Percent of Project Budget _____ %

VIII. Grant Request Affirmation

The undersigned applicant of this *Grant Application Request* affirms that: (1) the information and data submitted, to your knowledge, is true and accurate; (2) the entity that the undersigned represents understands the conditions for the use of Community Improvement Fund's grant amount, if approved, will be outlined in a *Letter of Approval* issued by the Community Improvement Fund Committee, and (3) if approved, the entity receiving grant funds will be required to submit *Progress Reports* upon request and a *Closing Report* describing the use of the funds upon completion of the project or program .

Signature

Date

For Request Tracking by the Whiting -Robertsdale Community Improvement Corporation

		<u>Initials</u>
Date submitted to the CIF:	_____	_____
Meeting(s) discussed:	_____	_____
Date Action Taken:	_____	_____
Action Taken:	_____	_____
If approved,		
Date Submitted to the CIC:	_____	_____
Amount Approved:	\$ _____	_____
CIF Project Number:	_____	_____