

## **Grant Application Priority D - Project D3 Mini-Grant Pilot Program**



	Mini-Grant Application Submittal Date:			Name of Organization or Individual Responsible for Taxes and Insurance:							
				Address:				City:		Zip Code:	
	Name of Responsible Contact: Telep				hone:		E-Mail:	E-Mail:			
	Project Name:				Project Start Date:		Requested Grant Amount (up to \$5,000)				
	Project	Locatio	n:					Ionetary or In-Kind Cost Share mount:			
•	Required: Attach a written project scope (description of your proposed project), that includes proposed activities, an expenditure plan (including how you will provide the 25% monetary or in-kind services match), and a project schedule.										
	YES	NO	QUESTIONS				EXPL	EXPLANATION			
			ii. Improv	and ba	y ecosystems and habitat wareness and	Explain how. Provide details.					
			iii. An org	ra County agency o ial district anized co ablished s (3) nonpr ol, comm	? or munic t ommuni otructur ofit	cipality ty group with e	Which one? Provide details.				
			structure, individual signing th	ty group v has the g who will e agreem	with an group id be resp ent, pa	established lentified the consible for ying taxes, f necessary?	Name the responsible individual. (Write N/A if not applicable.)				
			4. Does the pand/or ou	treach op	portun	ducational ities related	Expla	Explain how. Provide details.			
			5. Does the	project pr	ovide a	in opportunity vill media be	Identify the opportunities/media plan.				
			1			s for Directors and/or media	Ident	Identify the possible opportunities.			
			7. Does the outcomes		ave mea	asurable	If so,	identify the me	dentify the measurable outcomes.		
					included as sed activities?	Explain how. Provide details.					

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