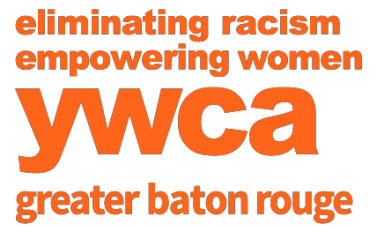


Disclaimer: Completion of this application does not guarantee funding.



MINI GRANT APPLICATION
EMAIL ALL COMPLETED APPLICATIONS TO
BREANNA TAYLOR AT TAYLORB@YWCA-BR.ORG

Legal Name of Organization: _____

Non-profit _____ For-profit _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Executive Director: _____ Email: _____

Contact Person/Title (if different from Executive Director): _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Purpose: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Goals: _____

Beginning and Ending Dates of the Project/Campaign: _____

Target group served: _____

Total number of individuals served: _____

Geographic Area to be Served (city, neighborhood, parish, etc.): _____

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in politics, terrorism, or used for any other unlawful purpose.

I will provide receipts for all purchases and payments related to the grant.

I will provide a written report of all grant activities and services.

Signature:

President, Board of Directors/Owner/Executive Director

Date