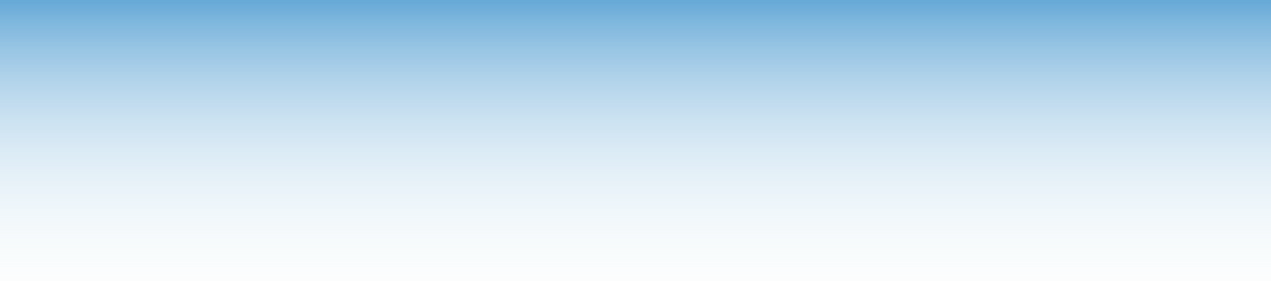
ORGANIZATION/GROUP NAME



**COMMUNITY SERVICE FUNDS APPLICATION**

CONTACT PERSON

CONTACT PHONE NUMBER

CONTACT EMAIL

ADDRESS STATE

ZIPCODE

ORGANIZATION IS FOR PROFIT OR NON- PROFIT

IS THE PROJECT NEW OR CONTINUING?

GEOGRAPHIC AREA (LOCAL, STATE, NATIONAL, INTERNATIONAL

AMOUNT REQUESTED FUNDS NEEDED BY

DESCRIPTION OF THE PROJECT (ATTACH SEPARATE PAGE IF MORE ROOM IS NEEDED)

BUDGET WORKSHEET (EACH BUDGET ITEM MUST BE FULLY IDENTIFIED AND EACH ITEM LISTED SEPARETELY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | ITEM DESCRPITION | # OF ITEMS | COST OF EACH | TOTAL COST |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
|  |  |  | TOTAL |  |

BY SIGNING OR TYPING YOUR NAME BELOW, YOU AFFIRM THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE; AGREE TO PROVIE ADDITIONAL INFORMATION IF REQUESTED; AND AGREE TO PROVIDE A FINAL REPORT OR PRESENT A PROGRAM ON THE USE OF FUNDS IF REQUESTED

NAME

DATE