

**CRIPPLE CREEK VICTOR HIGH SCHOOL
EL POMAR YOUTH IN COMMUNITY SERVICE
GRANT APPLICATION**

CONTACT INFORMATION

Organization Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Position: _____

Phone: _____

Email: _____

ORGANIZATION INFORMATION

Non-Profit Status(check one): _____ 501(c)(3) _____ Government
Equivalent

Brief Description of Organization:

Mission of Organization:

Principal Programs:

Primary Sources of Funding(i.e. government grants, foundations, individuals):

GRANT REQUEST

Amount requested: \$ _____ (grants typically range from \$500-\$2500)

Type of request(circle one):

A. General Operating Costs

B. Existing Program Support

C. New Initiative/New Program Support

D. Equipment and Supplies

E. Other(briefly describe) _____

How does your organization's mission statement coincide with Cripple Creek Victor High School EPYCS Club's mission statement?

Please describe how the funds will be used.

If funded, how will this grant impact your organization and/ or the community its serves?

Please provide an outline of your organization's budget.(A separate sheet may be attached to this form is necessary.)

Name of Contact Person(please print)

Title

Signature of Contact Person

Date