

VIRGINIA CHRISTENSEN TRUST GRANT APPLICATION

Applicant/Group: _____		
Small Grant (\$1-\$5000)	Medium Grant (\$5001-\$20,000)	Large Grant (\$20,001+)
Address: _____		Year Established: _____
Contact Person: _____		Phone: _____
Email Address: _____		Non-profit status? Yes No
If no, indicate the name and contact information of the non-profit organization you are applying under.		

Small, Medium, and Large Grant Applicants please answer the following questions:

1. Please describe the project for which you are applying for Virginia Christensen funds.

2. Please provide the following budget information and any details you can provide for each item.

Item	Amount
Total Project Cost	
Material	
Labor	
Other:	
Matching Funds <i>Medium Grants 10% Required, Large Grants 25% Required</i>	
In-Kind	
Cash	
TOTAL VC FUNDS REQUESTED	

3. What are the expected results and benefits of your project? Who are the target beneficiaries?

4. Please describe how your project fits within the values of the Virginia Christensen Grant Program as described in the application packet.

Medium & Large Grant Applicants please answer the following questions:

- 5. What is your project timeline?
- 6. How will you and/or your organization meet the match requirements? (10% for Medium Grants, 25% for Large Grants)
- 7. How will you demonstrate the impact your project has had on the community?

Large Grant Applicants, please answer the following question.

- 8. How will you maintain and operate the project in the future, after the VC Funds are expended?

FOR ADMINISTRATIVE USE ONLY	
Grant Application Received _____	Amount Requested _____
Not-For-Profit Status Verified Y <input type="checkbox"/> N <input type="checkbox"/>	VC Meeting _____
Presentation Time _____	Amount Recommended by VC Committee _____
Approved by Board of Trustees this _____ day of _____, 20 _____	
Amount Awarded _____	Attest: _____ City Clerk