



COMMUNITY ENHANCEMENT GRANT

Application form ( A )

Project Name/Organization							
Non-Profit Organizations			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Classification:		
Address							
City		State		Zip			
Phone		Email		County			
Federal Tax ID # (if applicable)							
Contact Person							
<b>USE OF FUNDS (check all that apply)</b>				<b>Eligible Categories (check all that apply)</b>			
<input type="checkbox"/>	Capital Improvements			<input type="checkbox"/>	Cultural		
<input type="checkbox"/>	Land	Building	Equipment	<input type="checkbox"/>	Historical		
<input type="checkbox"/>	Other			<input type="checkbox"/>	Recreational		
<input type="checkbox"/>	Annual Events & Programs			<input type="checkbox"/>	Educational		
<input type="checkbox"/>	Special Events & Programs			<input type="checkbox"/>	Health / Fitness		
<input type="checkbox"/>	Operating Expenses			<input type="checkbox"/>	Community Vibrancy		
<input type="checkbox"/>	Social / Ethnic			<input type="checkbox"/>	Events		
<input type="checkbox"/>	Community Enhancement Development/Marketing						
<b>PROPOSED FUNDING AND SOURCES</b>							
1. Funding request from RRF Fund				\$			
<b>MATCHING FUNDS</b>							
2. Cash Donations				\$			
3. In-Kind Donations				\$			
<b>OTHER GRANTS SECURED</b>							
4. Other				\$			
5. Other				\$			
6. TOTAL MATCHING FUNDS (add lines 2 - 5)				\$			
7. TOTAL PROJECT COSTS (add lines 1 & 6)				\$			
<p><b>APPLICANT CERTIFIES</b> The undersigned says he/she is duly authorized to verify the fore-going application, can provide proof of matching funds. And to the best of his/her knowledge and belief, the data in this application is true and correct.</p>							
AUTHORIZED SIGNATURE				DATE			
NAME		TITLE					

