*Application for Vistula Neighborhood Mini-Grant*

Event/Program/Project:

Date:

Submitting Organization/Business:

EIN Number:

Contact Person

Name: Phone: ( )

Email Address:

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| --- |
| Describe the event/project/program for which funding is sought: |
|  |

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| --- |
| Describe how you will promote the event/project/program and encourage Vistula neighborhood resident participation: |
|  |

|  |  |
| --- | --- |
| Budget Summary | |
| Mini Grant Amount Requested | $ |
| Total Amount To Complete Project | $ |
| Total Budget | $ |

**Detailed Budget**

Revenue

Vistula Grant Funds $

Other funding – please list

1. $\_\_\_\_\_\_\_\_\_\_\_\_
2. $\_\_\_\_\_\_\_\_\_\_\_\_
3. $\_\_\_\_\_\_\_\_\_\_\_\_
4. $\_\_\_\_\_\_\_\_\_\_\_\_

Total other funds $

**Total revenue $**

Expenses Project Vistula Grant Other

Staff/Consultant $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Incentives $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Food $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Supplies $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Printing & copying $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Incentives $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Marketing & Advertising $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses (list)

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

**Total Expenses $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

Has this event/project/program been funded by Historic South Initiative in the past 5 years?

Yes No

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| --- |
| If yes, what was the year(s) and the amount(s) of funding? |
|  |

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| --- |
| How many Vistula neighborhood residents are anticipated to attend this event/project/program and to directly benefit? |
|  |

|  |
| --- |
| How many people are anticipated to attend this event/project/program and to directly benefit? |
|  |

Is this a new event/project/program? Yes No

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| --- |
| If not, how long has this event/project/program been in existence? |
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| --- |
| If not, how many Vistula neighborhood residents attended the last similar event/project/program? |
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| --- |
| If not, how many people attended the last similar event/project/program and to directly benefit? |
|  |

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| --- |
| What is your timetable for this event/project/program? When will it begin and end? |
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| --- |
| How will you measure the success of this event/project/program, in terms of outputs and outcomes? |
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| --- |
| Identify the Neighborhood Improvement Plan Priorities and Strategies that the project will address as well as describing how the project will specifically address that Neighborhood Improvement Plan Priorities and Strategies. |
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| What are your plans if your Funding Application is not approved? |
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| Additional Comments |
|  |

*I have read, understand and agree to comply with the Vistula Organizational Mini-Grant Guidelines and Vistula Neighborhood Improvement Plan and have completed this Application for Funding honestly and completely*

Signature Title Date