



CMI Project Support Request 2010

(Available to CMI Member organizations who are charitable non-profit organizations, churches, and community agencies)

Applicant's Name: _____

Applicant's Address: _____

Applicant's Email: _____ **Contact Number:** _____

Project Name: _____

Project Location (if applicable): _____

Date of Request: _____ **Date of Funds needed by:** _____

Dates of Project: _____

Purpose:

1. Please describe the goal of project.
2. What will this project specifically contribute to the local community?
3. What is the target audience for this project?
4. How many people will this project plan to assist?
5. What are the evident needs for the local community?

Budget

1. What is the proposed total budget support needed for this project? Please itemize budget expense proposal.

Budget Items	Costs

Sample table

Budget Items	Costs
City use permit of park fee	\$100
Advertising-Community Flyer	\$50
Event Materials	\$200
Event Volunteer training	\$50

2. What 3 items are the highest priorities for this project?

3. What are your anticipated sources of financial support and at what level?
 Your Organization’s Support Level: (\$ _____)
 Their (Recipients) Support Level: (\$ _____)
 CMI Support Level: (\$ _____) Capped at \$500 for 2010.
 Other Support Level: (\$ _____)
 Total: (\$ _____)

Other comments

Please feel free to communicate in your own words why this project will make a significant difference in your community.

Please sign below to agree that you will send a report quarterly and after completing your project. If the project is a one time event then a single report at the conclusion of the project is all that is required. (The report should contain at least 5 pictures and specific explanations o of a proposed project.) Your project may be included in CMI news and may be distributed to CMI Members. (Security concerns may necessitate very limited distributions of information)

Distribution of the grant will be 50% upon approval and further release of funds will occur as the reports are submitted.

Signature: _____ (Date: _____)

For CMI Office Use Only

1. Request submitted in writing: (date: _____)
2. Request discussed by *committee*: (date: _____)
3. Request Approved : (date: _____) Amount: (\$ _____)
4. Request Not Approved : (date: _____)

Reason:

5. Check Request Given to the CMI Office: (date: _____)
6. Letter/Check Sent to the Applicant: (date: _____)