



2019 GRANT APPLICATION

(Please type or print)

NAME OF ORGANIZATION _____ PRESIDENT _____

ADDRESS _____ CITY _____

PHONE _____ EMAIL _____ TAX ID # _____

Please select (X) applicable CFY Grant request category:

(a separate application must be completed for each area in which funds are being requested)

___ Athlete Scholarship Reimbursement

___ Travel Assistance

___ Equipment Supplement

___ Facility Enhancement

Number of total participants in organization: Girls ___ Boys ___ Ages served: _____

Purpose and explanation of request:

Detail of to whom and when funds will be expended:

Is this a matching funds request? ___ Please explain when, how and amount of funds raised.

Top contributors to your organization and their donations in the last year:

- 1.
- 2.
- 3.

Award amount (\$) being requested from CFY: _____

Please attach any additional requested information or supporting documents (quotes, specs, receipts, etc) to this application.

I have read and understand the CFY 2019 Grant Guidelines & Procedures.

SIGNED

PRINTED NAME

DATE

Fully completed applications, inclusive of your Annual Budget, must be delivered by the deadlines of January 15, 2019; April 1, 2019; July 15, 2019; and October 1, 2019 to:

Kasey Smith

Executive Director

Clearwater For Youth

1501 N. Belcher Road, Suite 236

Clearwater, FL 33765

Or emailed (please confirm receipt by deadline) to kasey@clearwaterforyouth.org

*Friendly reminder- following your season, please submit pictures; an Evaluation Report is also due one year from the grant funds being received.

All Grant Applications are reviewed by the CFY Grants Committee and approved by the CFY Board of Trustees.

Thank you for your submission and work with the youth of our community!