

PARAB COMMUNITY GRANTS APPLICATION

Organization or Individual Name:
Contact Name/Title:
Address:
Daytime Phone:
Email:

Amount Requested:
Funds Requested by date:
Purpose of Funds:

Briefly describe the event/activity you are proposing:

What is/are the planned date(s) for this event/activity?:

Do you have an established history of providing this kind of event? Please describe:

What is the expected attendance at the event? (Include demographics; is this youth specific or broad age ranges) :

How will you publicize this event? (If appropriate, include membership totals of your organization or subscriber totals for email newsletters) :

Where will this event take place? Please list specific parks or community areas:

Is this a collaborative effort with others in the community? If yes, please list partnerships:
