



a fund of Coastal Community Foundation

Mission:

To address local community needs and to encourage philanthropy today to benefit Encinitas and all of its communities.

**Grant Application
2019**

ORGANIZATION INFORMATION

APPLICATION DEADLINE: July 31, 2019

Organization Name		Organization Phone #:	
Organization Address:		City, Zip:	
Contact Person:	Title:	Email:	
Total Organization Budget \$	#FT Staff:	#PT Staff:	# Volunteers:
#of Board Members:	% of Board Members who contribute financially:		

Provide a brief history of the organization; include the mission statement. Please provide an explanation if you are a part of a larger organization. (use only the space provided)

PROGRAM/PROJECT INFORMATION Please complete all sections and stay within the word limits specified.

Project Title:	Project Budget:	Amount Requested:
Project timeline, including begin date and end date:		
1) Describe your project, service or program and the program goals (200 words or less)		

2) Number of people who will be served and the targeted population

3) How will the program / project benefit Encinitas? (100 words or less)

Total Project or Program Budget

Expense Item Description	Enter Amount Requested from CCF (B)	Enter Amount from Other Resources (C)	What are the Source of Other Income for the item (ie.fdn. grant, event income, donors)	Total Budget Item B+C
TOTALS				