

Grant requests are accepted and reviewed by the O and A leadership committee on even months February, April, June, August, October, December Money needs to be spent within the next 4 months

E-mail final application to	the Organizer and A	llies e-mail to oandaleadership	@gmail.com
Date of Application:		Name of Project	
Primary Contact:			
Contact's Phone/addre	ess/e-mail:		
2 Additio	onal Key leaders o	n the project :	
Name		Name	
Phone	Email	Phone	Email
Fiscal Agent Contact Inf * you must us		cal agent, since the funding f Neighborhood Progress.	or this program comes from Cleveland
Organization		Contact Name	
Phone		Email	
AMOUNT OF REQUES	T (Maximum \$250):	: \$	
What Cleveland Neigh	borhood or comm	unity will this project bene (not geographically bound)	efit:
Briefly tell us about yo 2) Who is it made up or			
Describe the goals and	objectives of this p	project:	
How will you know this	s project has been	successful?	



Project Timeline – When will this Activity	s project begin and conclude?	Please add specifics into the timeline Date
How will volunteers be involved a more room to show involvement)	and assist with the project. (P	lease add additional paper if you need
Please provide a list of community project and how much time will the	, ,	nizations that will participate in this
Residents	Role with Project	Time Spent on project
Partners / Organizations	Role with Project	Time Spent on project



Budget for Your Proposed Project or Activity:

If you need assistance filling ou	at this form please contact your fiscal ager	ıt
Item	Reason Needed / Brief Description	Dollar Amount requested from this Grant
	TOTAL	<u>\$</u>
Please e-mail your final applica	ation to the Organizer and Allies e-mail ad	
Thursday Feb.4 T Thursday April 7 T Thursday June 2 Thursday August 4 Decisions will be made by the 3	of the day on O and A meeting dates on e Thursday Oct. 6 Thursday Dec. 1 3 rd week of the applying month with funds 1 month from application to funding.	
A small final report with pictur	es will be required within 4 months of you	r granting date.
_	orhood Progress to release the funds, you, greement and subsequently the fiscal need	
By signing below shows that yo	ou understand the conditions and responsi	oility of the grant.
Grantee Printed Name	Grantee Signature	Date
Fiscal agent Printed Name	Fiscal agent Signature	Date



Check List

Please make sure you have done the following things before submitting your application:

