

CIP Grant Application Narrative and Program Information

Please answer the following questions in five (5) total pages or less.

1. What is the specific problem/issue the project will solve or address?
2. What are the specific objectives and planned results of the proposed project and how do they align with Thurston Thrives objectives?
3. How will your organization implement the proposed project to accomplish the objectives?
4. Who else in the community is working on this problem/issue? Describe your collaborative work with these other organizations or groups specific to this request.
5. How will your organization know you've met your expected outcomes? What measurements will you use and what evaluation process will you use to collect that data?
6. What additional dollars are you leveraging and what would be the impact of not receiving full CIP funding for the project?
7. Describe the number of and roles for volunteers to help meet program outcomes.

FULL AGENCY Financial Information

Double click on the table to activate Excel formulas. Click on the Word document to return to Word.

Be sure the yellow box is visible before returning Word.

AGENCY NAME:		Fiscal Year:	
	Last Closed Fiscal Year	Current Fiscal Year to Date	Notes
Dates:			
REVENUES:			
Contributions	0	0	
Special Events (net)	0	0	
Planned Giving/Endowmen	0	0	
United Way Grants	0	0	
Grants/Contracts: Federal	0	0	
Grants/Contracts: State	0	0	
Grants/Contracts: Local	0	0	
Grants:	0	0	
Other Grants / Contracts	0	0	
Program Service Fees	0	0	
Generated Revenues	0	0	
Merchandise Revenues	0	0	
Investment Income	0	0	
Other Revenue	0	0	
TOTAL REVENUE	0	0	
EXPENSES:			
	Last Closed Fiscal Year	Current Fiscal Year to Date	Notes
Payroll (salaries, benefits)	0	0	
Insurance	0	0	
Professional	0	0	
Supplies/Phone/Postage	0	0	
Rent/Mortgage & Utilities	0	0	
Facilities Repair /	0	0	
Equipment	0	0	
Printing, Copying and	0	0	
Transportation	0	0	
Conferences and Meetings	0	0	
Staff Training &	0	0	
Direct Assistance to	0	0	
Membership Dues &	0	0	
Other Expenses (specify)	0	0	
TOTAL EXPENSES	0	0	
Excess (Deficit)	0	0	

PROPOSED PROGRAM Financial Information

*Double click on the table to activate Excel formulas. Click on the Word document to return to Word.
Be sure the yellow box is visible before returning to Word.*

PROGRAM NAME:		
	Projected Budget	Notes
Dates:		
REVENUES:		
CIP Funding		
Contributions	0	
Special Events (net)	0	
Planned Giving/Endowmen	0	
United Way Grants	0	
Grants/Contracts: Federal	0	
Grants/Contracts: State	0	
Grants/Contracts: Local	0	
Grants:	0	
Other Grants / Contracts	0	
Program Service Fees	0	
Generated Revenues	0	
Merchandise Revenues	0	
Investment Income	0	
Other Revenue	0	
TOTAL REVENUE	0	
EXPENSES:	Current Fiscal Year to Date	Notes
Payroll (salaries, benefits)	0	
Insurance	0	
Professional	0	
Supplies/Phone/Postage	0	
Rent/Mortgage & Utilities	0	
Facilities Repair /	0	
Equipment	0	
Printing, Copying and	0	
Transportation	0	
Conferences and Meetings	0	
Staff Training &	0	
Direct Assistance to	0	
Membership Dues &	0	
Other Expenses (specify)	0	
TOTAL EXPENSES	0	

CIP funding will provide match funding for the revenue sources with an asterisk * in the NOTE section.