

2016

Mini-Grant Application

Please return completed application by close of business on
Friday, December 11th, 2015

Applications may be hand delivered or mailed to:

Mini Grants
Att: Vinessa Karnofski
7013 Sandridge Rd.
Long Beach, WA 98631

Or emailed to:

vkarnofski@co.pacific.wa.us

WellSpring Community Network is a non-profit organization made up of community volunteers, youth, parents, local groups and agencies dedicated to promoting physical, emotional, spiritual, and mental wellness in South Pacific County. Through advocacy, awareness and action, we will create a community culture that strengthens families, reduces substance abuse and promotes mental health!

Projects we are looking to fund MUST address or have an outcome related to:

Reducing Intergenerational Poverty

Some examples may include programs or services that promote positive youth development and support families. Projects in the past have addressed:

- **Parent Education**
- **Family Enrichment**
- **Food Programs**
- **Literacy**
- **Community Connections**
- **Early Childhood Development**
- **Entrepreneurship and Youth Innovation**
- **Child Abuse and Neglect Prevention**
- **Youth Violence Prevention**
- **Youth Substance Abuse Prevention**
- **Teen Pregnancy Prevention**
- **Mental Health Promotion**
- **Domestic Violence Prevention**
- **School Dropout Prevention**
- **Housing and Homelessness**

For examples of recent mini-grant awards visit: www.pacificcountyouth.org and/or www.wellspringpacific.com/mini-grants

Grant funding is reimbursement-only. Original receipts must be submitted for all expenses.

Typical award amounts range from \$250 to \$1,000 each. Projects must be completed by December 31, 2016.
Receipts, invoices, and reports due by January 31, 2017.

2016 Mini-Grant Application

Today's Date: _____ Date of Proposed Project: _____

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____

E-mail: _____

We are a:

_____ Non-profit group/organization _____ School-based group

_____ Faith-based group/organization _____ Local Government

_____ Community-based group/organization _____ Tribal organization

_____ Health Education Service _____ Other _____

If the organization is not acting as its own fiscal agent please indicate what organization will be processing the funds.

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone: _____

E-mail: _____

Mini-Grant Questionnaire

If necessary, attach answer on a separate page.

1. **Needs Statement:** Provide an outline of the general needs in the community that your project addresses.

2. **Project Description:** In detail, describe the project. Include a project timeline.

3. How does your project **reduce intergenerational poverty?**

4. What are the **goals and expected outcomes** of the project?

5. **Project Target:**
Who is the project's targeted audience? _____
How many people will be served by the project? _____

6. **Collaboration:** Describe any plans to collaborate with other community partners.

7. You will be expected to **give an oral presentation or a written account** on the completed project.
 - a. Your presentation or written account will be greatly enhanced if a member of the target group is a participant in the reporting. Who will take responsibility for reporting back to the board? _____

BUDGET (Please complete all relevant categories)

| BUDGET CATEGORIES | TOTALS |
|--|-----------|
| 1. Materials & Supplies: <i>Please include quantities and price per item</i> | \$ |
| 2. Printing: <i>Please include quantities and price per item</i> | \$ |
| 3. Food: <i>Please include quantities and price per item</i> | \$ |
| 4. Rental fees: <i>Examples: space, equipment, etc.</i> | \$ |
| 5. Travel/Transportation: <i>Estimate travel expenses needed to support the project; using the website below to obtain standard rates for your area.</i> http://www.gsa.gov/portal/category/21283 | \$ |
| 6. Other Expenses: <i>List any other expenses needed to complete the project. Attach another sheet if necessary. *Please note, wages are not a reimbursable expense.</i> | \$ |
| TOTAL AMOUNT NEEDED FOR PROJECT/SUPPLIES | \$ |

If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run the project?* _____

Please indicate how the project would be affected if funded at this minimum amount:

***Stating a minimum amount will not hurt your chances of receiving full funding.** If we receive a large number of grant requests, we may decide to partially fund as many projects as possible instead of fully funding just a few.

Grant notifications will be announced on or before:

Friday, January 8, 2016

Good Luck!