



GRANT APPLICATION

(Please type or print)

NAME OF ORGANIZATION PRESIDENT

ADDRESS CITY

PHONE EMAIL TAX ID #

Please select (X) applicable CFY Grant request category:

(a separate application must be completed for each area in which funds are being requested)

____ Athlete Scholarship Reimbursement ____ Travel Assistance
____ Equipment Supplement ____ Special (Pandemic) or Emergency Needs

Number of total participants in organization: Girls ____ Boys ____ Ages served: _____

Purpose and explanation of request:

Detail of to whom and when funds will be expended:

Is this a matching funds request? Y/N _____

If YES: Please explain when, how and amount of funds raised.

Top contributors to your organization and their donations in the last year:

1. _____
2. _____
3. _____

Award amount being requested from CFY: \$_____

Please attach any additional request information or supporting documents (quotes, specs, receipts, etc) to this application.

I have read and understand the CFY 2020-2021 Grant Guidelines & Procedures.

SIGNATURE	PRINTED NAME	DATE
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Fully completed applications - inclusive of your Annual Budget - must be delivered by the following deadlines to the contact info listed below:

- | | |
|-------------|-------------|
| February 28 | August 31 |
| April 30 | October 31 |
| June 30 | December 18 |

Clearwater For Youth
1501 N. Belcher Road, Suite 711
Clearwater, FL 33765

OR emailed (please confirm receipt by deadline) to grants@clearwaterforyouth.org

*Friendly reminder- following your season, please submit pictures; an Evaluation Report is also due by one year from the grant funds being received.

All Grant Applications are reviewed by the CFY Grants Committee and approved by the CFY Board of Trustees.

THANK YOU FOR YOUR SUBMISSION AND WORK WITH THE YOUTH OF OUR COMMUNITY!