

## City of Gonzales Community Action Grant Program APPLICATION



Thank you for your interest in making Gonzales an even better place to live via the Community Action Grant Program. Be sure to provide all information requested and submit it to Gonzales City Hall by the deadline: <u>August 31, 2023.</u>

GROUP INFORMATION:								
Group Name:								
Main Objective:	Health	Safety	Education	Community Beautific	cation			
Core Group Leade	rs:							
Name		Address	Cell/Home I	Phone Email				
Primary Contact:								
What is the purpose	e of the Grou	.p?						
14/14 - skilliking or o	····ts door t	l - Crawa argan	0					
What activities or e	vents does u	ne Group organ	IZE?					

What year did the Group begin? Website:
Is your Group affiliated with a formal non-profit or other organization? Yes No
If Yes, please specify:
GRANT REQUEST:
What is your Group proposing to do to improve Gonzales residents well-being and quality of life? Be sure to include likely dates of key activities, including start and end dates.
Which Gonzales residents are most likely to benefit most from this Project? How many?
Why is this Project needed?

## BUDGET:

llaboratively to preserve and retain its small-tow	n charm.

How will your Group use a Grant Award from this Program? Please list specific items your Group is requesting funding for, the cost of each item, and likely source ( Attach a separate page if needed).

Item	Amount	Likely Source
Example: Neighborhood Watch Signs	\$200	ABZ Printing
Neighborhood Watch	(8 signs x \$25/each)	
Signs		

How will you make sure grant funding is used for only for the purpose of this Project?	
ADDITIONAL INFORMATION:	
ADDITIONAL INFORMATION: Provide any additional information you would like considered.	