



# City of Gonzales Community Action Grant Program Application



**Provide all requested information and submit it to Gonzales City Hall by September 06, 2024**

**GROUP INFORMATION:**

Group Name: \_\_\_\_\_

**Main Objective:**      Health              Safety              Education              Community Beautification

**Core Group Leaders:**

Name	Address	Cell/Home Phone	Email
Primary Contact:			

What is the purpose of the Group?

What activities or events does the Group organize?

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:**

Explain how this Project contributes to realizing the City Vision: *Gonzales will continue to be a safe, clean, family-friendly community, diverse in its heritage, and committed to working collaboratively to preserve and retain its small-town charm.*

What is the total funding needed/requested? \_\_\_\_\_

How much funding are you requesting from the Gonzales Community Action Grant Program?

\_\_\_\_\_

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
<b>Example: Neighborhood Watch Signs</b>	<b>\$200 (8 signs x \$25/each)</b>	<b>ABZ Printing</b>

How will you make sure grant funding is used for only for the purpose of this Project?

**ADDITIONAL INFORMATION:**

Provide any additional information you would like considered.