City of Gonzales
Community Action Grant Program
GRANTEE REPORT

Thank you for taking action to improve resident well-being and overall quality of life in Gonzales via the Community Action Grant Program. Be sure to provide all information requested and submit to Gonzales City Hall within two weeks of completing your Project.

GROUP INFORMATION:

1. Group Name: _____

2. What is the purpose of the Group?

3. What activities or events does the Group organize?

4. What year did the Group begin? _____

5. Website: _____

6. Is your Group affiliated with a formal non-profit or other organization? __Yes __ No
   If Yes, please specify: _____

7. Core Group Leaders:

Name	Address	Cell/ Home Phone	Email
Primary Contact:			

Application – Community Action Grant

GRANT ACTIVITIES:

1. What did your Group do to improve Gonzales resident well-being and quality of life? Be sure to include dates of key activities, including start and end dates.

2. What need did your Project address?

3. Which Gonzales residents were engaged in this Project? In what ways (e.g., beneficiary, volunteer, etc.)? And how manly?

Resident Category:	Ways Engaged?	How many?
Newborns (zero weeks) to Preschoolers (4 to 6 years)		
Children (6 to 12 years)		
Adolescents (13 years to 18 years)		
Adults (18+ to 62 years)		
Seniors (62+ years)		

4. What other community partners, sponsors, &/or businesses were involved? How were they involved? What did they contribute?

Name of Partner/Sponsor/Business	How were they involved?	What did they contribute?

5. Explain how this Project contributed 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.*

BUDGET:

1. What was total Project funding amount? _____

2. How much funding was provided by Gonzales Community Action Grant Program? _____ What % of the Project was this? _____

3. How did your Group use Grant funding? Please complete the following, continuing on additional sheet if needed. Be sure to attach *ALL RECEIPTS*.

Item	Total Amount	Source	Receipt Verifying Purchase Attached?

4. Total Grant Award: _____ - Total Expenditures Back by Receipts: _____ = Amount to Return to City by Group Leaders: _____
   (Remember, Group Leaders are responsible for any gap in grant award and expenditures not backed up with receipts.)

5. How did you make sure grant funding was used for only for the purpose of this Project?

PRESENTATION SCHEDULE:

1. What date would you like to make your presentation? _____
   (Keep in mind, generally, the Measure K Temporary Use Tax Advisory Committee meets every 3rd Tuesday at 6pm monthly and the City Council generally meets the 1st and 3rd Mondays at 6pm monthly.)

2. Who will be presenting? _____

3. What audio visual set-up are you requesting? _____

ADDITIONAL INFORMATION:

1. Provide any additional information you would like considered that would help affirm the benefit of your project:

2. Provide any additional information you would like considered to help assess whether to continue &/or how to improve the Community Action Grant Program:

**THANK YOU AGAIN FOR CARING & CONTRIBUTING
TO IMPROVING GONZALES RESIDENT WELL-BEING &
OVERALL QUALITY OF LIFE THROUGHOUT GONZALES!**