



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: November 21, 2025.

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 resident 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).

[illegible]

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.