



## **GRANT APPLICATION AND AGREEMENT**

The San Gabriel Valley Municipal Water District invites you and your school or community organization to participate in our ***O.W.L. Community Grant Program***. Use the application form on the following pages to provide information about your organization and plan to create a smart, fun and water-wise project for your community. Please answer each section completely. For questions and to submit your application, please contact Evelyn Reyes (626-969-7911; ereyes@sgvmwd.com).

The District may require interviews and/or presentations by each applicant. We will make funding decisions on a rolling basis, however, all funding decisions will be made by May 31, 2021, for the 2020-2021 fiscal year, and all grant funds must be expended by the end of the fiscal year, June 30, 2021. Grants may range from \$200-\$2,000, and there is a limit of one grant per application/recipient.

The District will be indemnified from any damages resulting from implementing the project. By submitting this application, you agree to fulfill the project's objectives in the time period specified and with the grant funds approved by the District for the project. Award of any grants under this Program are subject to the Applicant's completion of this Grant Application and signature of the responsible party below.

**Name of Applicant:** \_\_\_\_\_

**Signature of Applicant Representative** \_\_\_\_\_

**Date Proposal Submitted** \_\_\_\_\_

## APPLICANT INFORMATION

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

Mailing Address \_\_\_\_\_ Website \_\_\_\_\_

Project Leader Name/Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Summary of Group Mission and Experience \_\_\_\_\_

\_\_\_\_\_

Names/Titles of Board of Directors (if applicable) \_\_\_\_\_

\_\_\_\_\_

Legal and/or Non-Profit Status of Group \_\_\_\_\_ Tax ID # (if applicable) \_\_\_\_\_

References Names and Contact Information \_\_\_\_\_

\_\_\_\_\_

## OBJECTIVES

What challenges does the project address? \_\_\_\_\_

\_\_\_\_\_

What benefits will the project create? \_\_\_\_\_

\_\_\_\_\_

## IN-KIND DONATIONS

What will your group contribute in the form of funding, volunteer hours, donated services, etc. to help the project meet its objectives? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHEDULE

When will the project start and finish? \_\_\_\_\_

What follow-up will your organization perform to ensure the project's benefits are long-lasting? \_\_\_\_\_

\_\_\_\_\_

How will you ensure that the project is completed on-schedule? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FUNDING

What is the total amount of funds requested from the District? \_\_\_\_\_

Describe the amount and uses of funds for the following categories:

Printed Materials \_\_\_\_\_

Tools and Supplies \_\_\_\_\_

Special Events \_\_\_\_\_

Transportation \_\_\_\_\_

Food and Beverages \_\_\_\_\_

Permits \_\_\_\_\_

Awards/Prizes \_\_\_\_\_

Other \_\_\_\_\_

How will you ensure that the project is completed on-budget? \_\_\_\_\_

\_\_\_\_\_

## OUTREACH

What will be done to reach out to and to include other community groups as partners in your project? \_\_\_\_\_

\_\_\_\_\_

How will you promote awareness of your project at your school and/or in your community? \_\_\_\_\_

\_\_\_\_\_