



Rotary Club of Yreka  
PO Box 942  
Yreka, CA 96097

**MINI GRANT REQUEST**

Please see Mini Grant Coversheet for application guidelines

**Organization:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Taxpayer ID#:** \_\_\_\_\_  
**Funding Requested:** \$ \_\_\_\_\_ ( please complete project budget)

**Previous recipient of Rotary Club of Yreka Grant?** \_\_\_ No \_\_\_ Yes \$ \_\_\_\_\_

**Project Serves (check all that apply):**

- Youth     Seniors     Families at Risk     Healthcare     Food Bank  
 Education     Community Innovations

**Agency**

**Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project**

**Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community**

**Support:** \_\_\_\_\_  
\_\_\_\_\_

**Project Timeline: Start Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Measurable**

**Results:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Yreka Rotary**  
**PO Box 942**  
**Yreka, CA 96097**

### **Project Budget**

Organization:	Date:
Project Title:	

<b>Category</b>	<b>\$\$ Direct Cost</b>	<b>\$\$ Cash/In-Kind</b>	<b>\$\$ Total</b>
Equipment			
Rental Fees			
Supplies			
Food			
Project Support			
Other (specify)			
Total Costs			

#### **Description of Categories**

Equipment - fax machine, office chair, bulletin board, etc.

Rental Fees - equipment, space, vehicle, etc.

Supplies - decorations, paper goods, signage, etc.

Foods - consumable products

Project Support - requested funding will supplement an existing or proposed project

Other: (anything which does not apply to above categories)

*Direct Cost - of the amount requested, how will the award be applied, by category?*

*Cash Match - are other funding sources providing cash in a specified category?*

*In-Kind Match - are other sources providing services in lieu of cash in a specified category?*