

# CCF Grant Application

Please complete both pages

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

**Mailing Address:** \_\_\_\_\_

**Phone Number & Email:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of person helping with application (if applicable):** \_\_\_\_\_

**Phone Number & Email of person helping with application:** \_\_\_\_\_

**If your application is approved, is the above address where the grant money should be sent? If not, please provide address:** \_\_\_\_\_

**Where are you on your path towards employment? (Choose One)**

Not interested in employment \_\_\_\_\_ Working towards employment \_\_\_\_\_ Employed \_\_\_\_\_

**Waiver Type:** IO \_\_\_ Level 1 \_\_\_ SELF \_\_\_ Local Funding \_\_\_ None \_\_\_

*Would you be willing to share the outcome of your project that may be featured in newsletters and/ or publications? Yes \_\_\_ No \_\_\_*

**Total amount of money requested (up to \$500):** \_\_\_\_\_

**Proposal Budget Narrative** (include a completed budget and brief statement providing justification of how and why each expense is necessary):

<i>Item(s) Requested</i>	<i>Expected Cost</i>	<i>Brief statement of how and why this is necessary</i>

**Submit all questions and applications via email to Catherine Hess at [ccfgrants@19servicesinc.com](mailto:ccfgrants@19servicesinc.com).**

