

VOLUNTEER MISSISSIPPI APPLICATION FOR VOLUNTEER AND CIVIC ENGAGEMENT MINI-GRANTS

ORGANIZATION NAME:				
ARE YOU A 501(c)(3)?	YES	NO		
ARE YOU A PUBLIC ENTITY?	YES	NO		
EMPLOYER IDENTIFICATION NUMBER:				
PROGRAM NAME (IF DIFFERENT FROM ORG	ANIZATION	NAME ABOVE):		
PERSON TO BE CONTACTED ON THIS APPLIC	CATION:			
NAME:				
TITLE:				
PHONE:				
EMAIL:				
AREAS TO BE SERVED BY PROJECT:				
AMOUNT REQUESTED: (\$1500 minimum/\$10,000 maximum):				
EXECUTIVE SUMMARY Provide a brief summary of the project you plan to implement with funds requested.				
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PLAN

Please describe the plan for the proposed project in the space below by responding to all bullet points within the narrative.

•	Duraido e detailed description of managed esticities
	Provide a detailed description of proposed activities.
•	Provide a deadline for project to be completed.
•	Describe the resources you have to make the proposed activities successful (i.e. money, staff, equipment
•	Describe the key players who will implement the proposed activities (i.e. staff or existing volunteers).
эм	MUNITY NEEDS GOALS AND IMPACT
	MUNITY NEEDS, GOALS, AND IMPACT
eas	e describe the goal(s) and impact of your proposed project in the space below by responding to all bullet
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BUDGET

Please identify your proposed costs.

Category of	Expenditure calculation cost, item, quantity	
<mark>expenditures</mark>	****(Example: \$5 t-shirts x 25 = \$125)	
**NOT ALLOWABLE EXPENSES: Personnel Expenses, Travel, Equipment, & Indirect Costs		
Supplies:		
Training and/or Tech	an alamu	
Training and/or Tech	inology:	
Other: Please describe:		
	AT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE THE RECEIPT AND EXPENDITURE OF THE FUNDS.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		
PRINTED NAME:		
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DATE:		