**SUBJECT**: Mini Grant Program

**PURPOSE**: To establish a uniform policy and procedure for a Mini Grant Program.

**STATEMENT OF POLICY**: It is the policy of the City that all organizations requesting funding complete a Mini Grant Program application.

**PROCEDURE**:

1. Every July City Council appropriates a certain percentage of video lottery funds for the Mini Grant Program.

2. Eligible organizations are encouraged to apply for funding in one of the following

 categories:

 A. **Capital Expense**: Such as cameras, protection emergency equipment, and play-ground equipment.

 B. **Special Projects**: Such as planting trees, exterior refacing, and debris removal.

 C. **Events:** Such as field trips, benefit dinners, and scholarship funds.

3. Program Dates:

 A. **Submission of applications - July 1 to December 31**

 B. **Committee review of applications** – **January 1 to March 31**

 C. **Awards granted to recipients** – \*Subject to unencumbered funds

 from previous budget year - **July 31**

 D. **After Action Report due from recipients** – **August 31**



**Mini Grant Program**

 **Application**

 **City of Ranson**

 **312 S. Mildred Street**

 **Ranson, WV 25438**

 **Phone: (304)724-3863**

 **Fax: (304)728-8579**

 **Submission of Applications – July 1 to December 31**

**Committee Review of Applications – January 1 to March 31**

**Awards Granted to Recipients – \***Subject to unencumbered fundsfrom previous budget year **- July 31**

 **After Action Report Due from Recipients – August 31**

**Please type or print clearly. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Information**

|  |
| --- |
| Legal name of applicant organization : |
|  |
| Mailing address:  |
|  |
| Physical address, if different: |
|  |
| Executive Director, President, or CEO name and title:  |
|  |
| Telephone: Fax: Email: |
|  |
| Contact title and telephone no: |
|  |
| Website: |
|  |
| Year organization was founded: |
|  |
| Organization’s tax exempt # (EIN) |
|  |
| Organization’s total operating budget for current fiscal year: |
|  |
| Amount of request: |

**Grant Request Information**

|  |
| --- |
| Fiscal agent: |
|  |
| Name of project: |
|  |
| Project abstract (Please give a brief summary of project – if your grant is selected, this will be used for public relations purposes): If more space is needed, please attach separate sheet, not to exceed one page. |
| Beginning and ending dates of project/activity: |

**Total Grant Request**

|  |  |
| --- | --- |
| Total cost of proposed project | $ |
| Amount requested in this application | $ |
| This request as % of total project cost | % |

List any previous funding received from the city of Ranson (e.g. year, purpose & amount):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Budget**

This organization is (will be) requesting funds for: (Please check all that apply in the left column)

 **Cost**

Acquisition \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Basic Needs \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Capital \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Construction \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Crisis Intervention \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Equipment \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Families \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Fixed Assets \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Health \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Ongoing Costs \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Project/Program Support \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Renovation \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Rent \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Safety, Education & Training \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Start-Up costs \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Supplies \_\_\_\_\_\_\_\_\_\_­\_\_ \_\_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**TOTAL $ \_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/President of Board of Directors Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director of Organization Date