

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 – April 1, - May 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
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