SPRING BRANCH MANAGEMENT DISTRICT
Application for Funds

NAME OF YOUR GROUP: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____   **ZIP:** _____

TELEPHONE: (day) _____   **(evening)** _____

E-MAIL:

AMOUNT REQUESTED: $ _____

PURPOSE OF PROJECT: _____

_____

_____

_____

Required Signatures

We certify that the attached proposal has been discussed and approved by the decision-making body of the applying group and that all information contained herein is accurate. Should we receive funding from the Spring Branch Management District, we agree to provide any required reports and complete projects on a timely basis.

_____

Printed Name   *Signature*   *Date*

_____

Printed Name   *Signature*   *Date*

PROJECT DESCRIPTION

INSTRUCTIONS: Please answer the following questions as completely as possible, explaining how your organization's project is compatible with the District's annual plan and demonstrating how it satisfies some of the characteristics described in Item #6 of the *Policies and Procedures for Support Funding* information sheet provided with this application form. You may attach additional pages if necessary.

1. What project(s) does your group plan to implement?

2. Describe specific steps that you will take to carry out your proposed project and activities.

3. Who will be involved with the project? How will your group involve other residents and/or organizations? List the names of other groups or organizations you are currently working with or plan to work with.

4. How will you know that your proposed project and activities are successful? Briefly describe how you will evaluate success. Tell us who from your group will be responsible for providing information that may determine the success of your proposed project and activities.

5. Are there other projects or issues you are planning to address this year? □Yes □ No If so, please describe.

PROJECT BUDGET WORKSHEET

Describe the project cost and income and other funds or in-kind (donated) services you plan to use. *For example, list costs for supplies, equipment, outreach activities, mailing and income such as membership dues, contributions, or donated items.*

PROJECT COSTS

Type of Cost   **Amount**

1. _____ $_____

2. _____ $_____

3. _____ $_____

4. _____ $_____

5. _____ $_____

6. _____ $_____

**Total Project Costs
(sum of lines 1-6)** $_____

PROJECT INCOME

1. Amount requested from the District $ _____

2. All Other Income *(Source: Cash or in-kind)*

    a. _____ $_____

    b. _____ $_____

    c. _____ $_____

    d. _____ $_____

    e. _____ $_____

**Total Project Income
(sum of lines 1, 2a, b, c, d, e)** $_____

* Total Project Costs should be same as Total Project Income.