



# California Trails and Greenways Foundation

## GRANT FUNDING REQUEST

Application Date: \_\_\_\_\_

CTGF Grant No.: \_\_\_\_\_

*(CTGF to Assign)*

ORGANIZATION INFORMATION			
Full/Legal Organization Name:		Year Established:	
Executive Director/ /President/Chair:		Tel. No.: Cell No.: Fax No.:	
Mailing Address:		Organization Website: (if applicable)	
Contact Name: (If different from above)		Tel. No.: Cell No.: Fax No.:	
E-mail:		Annual Operating Budget:	
Non-Profit 501(c)3:	Applicant must be a 501(c)3 non-profit organization to apply for a CTGF Grant	Federal ID No.:	
Mission Statement or Organization's Goals and Objectives: (50 words or less)			

PROJECT INFORMATION	
Project Name:	
Category of Project:	*Multi-Use <input type="checkbox"/> Trail:                *Single- <input type="checkbox"/> Use Trail:                Trail Support <input type="checkbox"/> Facility:                Other: <input type="checkbox"/>
* = Define/List Trail Users:	
Project Location/ Street/City: (If in a public Park or facility, list name and address)	

<p><b>Description of Project: (100 words or less)</b></p>	
<p><b>If application is part of a larger project, <u>briefly</u> describe larger project (include its size/scope, partnerships or collaborations budget, if know, and projected completion date):</b></p>	
<p><b>Total Project Cost:</b></p>	<p>\$</p>
<p><b>Project Funding Request:</b> <i>(may be the total project budget but cannot exceed maximum grant amount)</i></p>	<p>\$</p>
<p><b>Describe/list the specific activities or goals to be accomplished with the grant funds:</b></p>	
<p><b>Explain how project meets the Mission of CT&amp;GF; <i>“To create a united trails community promoting and supporting California’s trails and greenways”</i>:</b></p>	
<p><b>Does the organization have land tenure for the project? Explain. (If project is on public land, submit letter of support from jurisdictional agency.)</b></p>	
<p><b>List other organizations or partners participating in this project (if any):</b></p>	

Provide a timeline for project implementation and completion (include project milestones):	
Person and/or entity responsible for project management (if different from applicant):	
Describe your plan to document the project's progress and results. (Interim and final evaluation and expenditure reports may be required.)	

## ATTACHMENTS

**Please attach the following:**

1. Two (2) Letters of Support substantiating need for project and collaboration with other organizations
2. Project Budget (use Application's *Project Budget Summary* Form)
3. Photographs of project area. Addition photos may be required after project completion
4. Map of location

## MISCELLANEOUS INFORMATION

- **Grant Deadline:** Application must be postmarked no later than September 30, 2008
- Project must support the Mission of the California Trails and Greenways Foundation:  
***“To create a united trails community promoting and supporting California’s trails and greenways”***
- Applicant must be a **501(c)3 non-profit organization** to apply for a CTGF Grant
- Applicant must not have received a CTGF grant in the previous five (5) years
- Trail Support Facility = Trail Heads, Kiosks, Staging Areas, etc.
- Application must be typed using **Times New Roman** or **Arial**; font size no less than **10 point**
- Maximum Grant Amount: **\$5,000**
- Maximum number of pages (8<sup>1/2</sup>" x 11") for complete application including photographs: **8 pages**
- Photographs must be **less than 1MB each**; total application and attachments **cannot exceed 10MB**
- Email complete application package to: **maryanne.vancio@sdcounty.ca.gov**  
 You will receive a return email within ten (10) days confirming acceptance of your application. If you do not receive an email within 10 days of submittal, please call 949-493-4222.

<b>PROJECT BUDGET SUMMARY</b>
<b>Organization Name:</b>
<b>Project Name:</b>
<b>Federal ID No.:</b>
<b>Fiscal Year End:</b>

(If the Grant Request is the full project budget; do not use the Total Project Budget column)

	Total Project Budget	CTGF Grant Budget
<b>Income Sources</b>		
<b>CTGF Grant Request</b>		
Government Grants		
Foundation and Corporate Grants		
Individual Contributions		
Earned Income (Memberships, Fund Raisers, etc.)		
Matching Funds		
Other Income		
In-Kind Support <i>(Itemize product/services below or use separate sheet)</i>		
<b>Product or Service and Vendor Name</b>	<b>Value</b>	
<b>TOTAL IN-KIND SUPPORT</b>		
<b>TOTAL INCOME</b>		
<b>Expenses</b>		
Salaries and Wages		
Employee Benefits and Taxes		
<b>Personnel Expenses</b>		
Equipment/Tools Rental		
Supplies and Materials		
Consultant/Professional Fees		
Fundraising/Development Expenses		
Insurance Expense		
Marketing/Advertising/Promotions		
Postage and Delivery		
Utilities Expense		
Food Cost		
Miscellaneous Expenses		
<b>Non Personnel Expenses</b>		
<b>TOTAL EXPENSES</b>		