

**Opportunity Endowment Fund
Grant Application**

Note: All Grant Applications must be received by June 30 of the current year.

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

1. Organization name: _____

2. Briefly (short statement, please) describe your mission or project idea. _____

(Attach explanation if needed)

3. Beneficiaries/audiences served: _____

4. Proposed mission or project title: _____

5. Total program or project budget: _____ Total grant amount requested: _____

a. Minimum amount of funding: _____

6. Date the grant is needed: _____

7. Start/stop dates for project: _____

8. Possible/anticipated CTS involvement:

9. How will success of the grant be measured: _____

Applicant Signature: _____ Approved: _____

Capacity: _____ Capacity: Chair, Opportunity Endowment Fund

Date: _____ Date: _____

Opportunity Endowment Fund Liaison: _____