

MINI-GRANT APPLICATION

Applicant Information

Organization Name: _____

Primary Contact Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Organization Address: _____

Website/Social Media (if applicable): _____

Organizational Background

Please describe your organization and its mission:

Please describe your organization's connection to Salem County and/or the community you serve:

Annual Operating Budget:

- Under \$25,000
- \$25,000 – \$49,999
- \$50,000 – \$99,999
- \$100,000 or more

Proposed Program

Program Title:

Funding Amount Requested:

\$ _____

Program Type:

- Play Streets Event
- Community Event
- Enrichment Trip
- Educational Program
- Sports/Recreation
- Arts/Culture
- Wellness Activity
- Other: _____

Describe the proposed activity:

Program Goals:

Estimated Number of Participants:

Target Age Group:

- Elementary
- Middle School

High School

Families

Mixed Ages

Program Location(s):

Proposed Date(s):

Community Impact

How will this program positively impact youth, families, or the community?

How does this program support community engagement, youth development, or violence prevention?

Please describe any community partnerships involved:

Budget

Expense Item	Amount
Supplies	\$
Food/Refreshments	\$
Transportation	\$
Equipment	\$
Marketing	\$
Coordinator Stipend	\$
Facility/Permit Costs	\$
Other	\$

Total Request:

\$ _____

Coordinator Compensation

Coordinator stipends are permitted to support community leadership and program coordination.

Maximum coordinator stipend: **Up to \$1,000**

Please describe the coordinator's responsibilities:

Safety & Compliance

Will youth participants be supervised by adults?

Yes No

Organizations are responsible for ensuring appropriate background checks and youth safety procedures for staff and volunteers working with minors.

Please briefly describe your organization's youth safety procedures:

Technical Assistance Needs Assessment

(Required for organizations with operating budgets under \$100,000)

Please identify areas where your organization would benefit from support:

- Budgeting and financial management
- Program planning
- Event logistics
- Marketing and outreach
- Volunteer management
- Youth safety procedures
- Reporting and documentation
- Organizational development
- Partnership building
- Insurance/risk management
- Other: _____

Describe the support that would be most helpful:

Certifications

By signing below, the applicant certifies that:

- Information provided is accurate
- Funds will be used for approved purposes
- The organization will comply with all applicable laws and regulations
- The organization will submit the required reporting documentation

Authorized Signature:

Date:
