



City of Gonzales Community Action Grant Program APPLICATION

DATE: _____

*Thank you for your interest in making Gonzales an even better place to live via the Community Action Grant Program. Be sure to provide all information requested and submit to Gonzales City Hall by the deadline: **August 31, 2022.***

GROUP INFORMATION:

Group Name: _____

What is the purpose of the Group?

What activities or events does the Group organize?

What year did the Group begin? _____ Website: _____

Is your Group affiliated with a formal non-profit or other organization? ____ Yes ____ No

If Yes, please specify: _____

Core Group Leaders:

Name	Address	Cell/Home Phone	Email
Primary Contact:			

GRANT REQUEST:

What is your Group proposing to do to improve Gonzales resident well-being and quality of life?
Be sure to include likely dates of key activities, including start and end dates.

Which Gonzales residents are most likely to benefit most from this Project? How many?

Why is this Project needed?

BUDGET:

Explain how this Project contributes to realizing the City Vision: *Gonzales will continue to be a safe, clean, family-friendly community, diverse in its heritage, and committed to working collaboratively to preserve and retain its small-town charm.*

How will you make sure grant funding is used for only for the purpose of this Project?

ADDITIONAL INFORMATION:

Provide any additional information you would like considered.