

# Channel Islands Bicycle Club

## -Grant Request-

Agency or Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tax I.D.#: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

<p>Does this request fall within the CIBC grant focus areas? Please check the area(s) that are most closely associated with this application.</p>			
<p><b>Promoting bicycling as a means of: Check the appropriate box</b></p>			
<b>Recreation</b>	<b>Transportation</b>	<b>Health</b>	<b>Sport</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit the following to complete your grant application:

- 5 copies of this completed form
- No more than 2 pages of supplemental narrative to support your request
- 5 copies of any brochures, newsletters, media articles, or other publications that describe your organization
- IRS letter confirming your organization's 501(c)(3) status

Mail to : Channel Islands Bicycle Club  
P.O. Box 6481  
Oxnard, CA 93031

- 1. Name of project or agency:**
  
- 2. What is the purpose for which this grant is being requested?**
  
  
  
  
  
  
  
  
  
  
- 3. Describe in detail the project this grant will support.  
Be specific including individuals or groups assigned to specific tasks, and due dates for your project.**
  
  
  
  
  
  
  
  
  
  
- 4. Describe the total budget for the project, and how the funding from this grant will be spent. Be as specific as possible.**
  
  
  
  
  
  
  
  
  
  
- 5. What proportion of the total funding needed for this project does this grant represent?**

**If this grant is for general operating support for an organization, what percentage of your organization's overall annual budget would this grant fulfill?**

**6. What are your other major sources of funding?**

**7. What are the specific outcomes your organization hopes to achieve with this grant?**

**8. How will your organization publicize the grant and its results?**