Channel Islands Bicycle Club

-Grant Request-

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| --- | --- |
| Agency or Group Name: |       |
| Mailing Address, Street: |       |
| City, State, Zip |       |
| Contact Person: |       |
| Contact Person Phone Number: |       |
| Contact person email address |       |
| Tax I. D. #: |       |
| Total Amount Requested: | $      |

|  |
| --- |
| Does this request fall within the CIBC grant focus areas? |
| Please check the area(s) that are most closely associated with this application. |
| **Promoting bicycling as a means of: Check the Appropriate box** |
| Recreation | Transportation | Health | Sport |
| [ ]  | [ ]  | [ ]  | [ ]  |

Please submit the following to complete your grant application:

Email this completed form to: GRANTS@CIBIKE.ORG

Scan and email the following or Mail to:

Channel Islands Bicycle Club

P.O. Box 1164

Ventura, CA 93002

* No more than 2 pages of supplemental narrative to support your request
* A copy of any brochures, newsletters, media articles, or other publications that describe your organization
* IRS letter confirming your organization’s 501(c)(3) status
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 specific as possible.
5. What proportion of the total funding needed for this project does this grant represent?
6. If this grant is for general operating support for an organization, what percentage of your organization’s overall budget would this grant fulfill?
7. What are specific outcomes your organization hopes to achieve with this grant?
8. How will your organization publicize the grant and its results?