

⋞ **Grant Request** ⋟

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| --- | --- |
| Date | Click here to enter a date. |
| Agency or Group Name | Click here to enter text |
| Mailing Address, Street | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Contact Person Phone Number | Click here to enter text. |
| Contact person email address | Click here to enter text. |
| Federal Tax I. D. # | Click here to enter text. |
| Total Amount Requested | $Click here to enter amount. |

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

This form and additional information regarding CIBike’s Grant Program are on the [club website](https://www.cibike.org/grants.html).

Email this application and attachments to: GRANTS.CIBIKE@GMAIL.COM

Or, scan and email the application and attachments to: GRANTS.CIBIKE@GMAIL.COM

or mail to:

Director of Grants

Channel Islands Bicycle Club

P.O. Box 1164

Ventura, CA 93002-1164

Successful applicants will be asked to provide a summary of the project outcomes and, if available, photographs of activities funded by the grant.

Please respond to the following questions:

1. **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.**

Click here to enter text.

1. **Describe the groups, geographic area, or populations that this project will serve.**

Click here to enter text.

1. **Describe the estimated timeline for this project.**

Click here to enter text.

1. **Describe the total budget for the project, and how the funding from this grant will be spent. Be as specific as possible.**

Click here to enter text.

1. **What proportion of the total funding needed for this project does this grant represent?**

Click here to enter text.

1. **Please describe the history of this program.**

 Click here to enter text.

1. **What specific outcomes does your organization hope to achieve with this grant?** Click here to enter text.
2. **How will your organization publicize the CIBike grant and its results?** Click here to enter text.

**In addition:**

Submit a copy of the IRS letter/evidence confirming your organization’s tax-exempt status. Example: 501(c)(3) or government agency tax I.D. #

Applicants may also provide:

* 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.