

2009 Erie Community Foundation Mini-Grant

Project Title: _____

Category: Community Building___ Recreation___ Neighborhood Restoration___

Requested Amount:_____ (\$500 max)

Total Project Budget: _____

Neighborhood(s) where the project will be implemented:_____

Organization: _____ EIN/Tax ID# : _____

Project Leaders_____ E-mail_____ Phone_____

Address_____

Project Leaders_____ E-mail_____ Phone_____

Address_____

Project Summary(1 page limit):

What Neighborhood issue(s) will it address?

How does it relate to the existing needs?

Explain how you will evaluate the success of the program?

Itemize how the money will be spent: **Cost**

Expense Item \$

Expense Item \$

Expense Item \$

Signature _____ Signature_____

E-Mail (1) completed copy to: stefchatman@erieweedandseed.org

Or

**Mail (5) completed copies to:
Stef Chatman
Erie Weed and Seed
1401 Wallace Street Erie, PA 16503**

Due Date: June 12, 2009