

MiniGrants 2020

Application

Applications are accepted at any time and applicants will be notified of the jury's decision within 2 weeks of submission.

ABOUT Y	OU	
Name(s) of o	rganizer(s):	
Name of appl		
different than	n organizer(s)]:	
Email:		
Elliali.		
Phone:		
riione.		
Mailing addre	7cc.	
ivialiling addit		
You are apply	ving as [check all	that apply]:
	The organizer((s) of the project/activity
		of the project/activity
		dian, teacher, school official, or other
	-	elping to facilitate a project/activity

ABOUT YOUR PROJECT/ACTIVITY

Name of project/activity:				
Please describe your project COVID-19 pandemic, MiniGo distanced ways according to Department of Health and G	rant projects, activi the guidance and	ties, and events r regulations put fo	must be done in sorth by the Wash	safe and socially nington State
In a few sentences, please s	pecify how the pro	ject/activity prom	notes diversity.	
Project date(s)/times [end d	ate must be before	December 31, 2	020]:	
Start date:	Time:	End	date:	_Time:
Name of location/venue:				
Location/venue address:				

Number of pa	rticipants [minimum 5]:	
	5-10 10-20 20-50 50+	
BUDGET		
Please describ	pe your project/activity budget [maximum \$300] in as much detail as possil	ole:
	<u>Item</u>	<u>Cost</u>
Teacher/pres	enter/artist	
Location/ven	ue rental	
Supplies		
Other (please	describe)	
	Total	\$
SIGNATU I certify that th	RE(S) e information submitted above is true and correct to the best of my knowledge.	
Applicant:	Date:	
Parent/adult	eader [if	
applicant und	er 18 yrs. old]:Date:	