



COMMUNITY DEVELOPMENT FUND APPLICATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE: (day) _____ (evening) _____

E-MAIL: _____

AMOUNT REQUESTED: \$ _____ FEDERAL EIN: _____

ORGANIZATION'S IRS CLASSIFICATION: 501(c)(3) 501(c)(4) Other _____

NAME AND PURPOSE OF PROJECT: _____

Required Signatures

We certify that the attached proposal has been discussed and approved by the decision-making body of the organization and that all information contained herein is accurate. Should we receive funding from the East Aldine Management District, we agree to abide by any stipulations or restrictions on the use of funds, provide any required reports on request, and complete projects on a timely basis.

Printed Name & Title *Signature* *Date*

Printed Name & Title *Signature* *Date*

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FORM:
W-9, most recent 990, copy of IRS determination letter
Written authorization from school district if project
involves school students or school properties

PROJECT BUDGET WORKSHEET

Describe the project costs and resources, including funds or in-kind (donated) services, you plan to use. *For example, list costs for supplies, equipment, outreach activities, mailing and income such as membership dues, contributions, or donated items.*

PROJECT COST

Type of Cost	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
Total Project Costs	\$ _____

PROJECT INCOME

Income (Source: Cash or in-kind)	Amount
1. Amount requested from the District	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
Total Project Income	\$ _____

*** Total Project Costs should be same as Total Project Income.**