

I. TOTAL GRANT BUDGET

Please complete the Total Grant Budget based on the totals from the below activity records. Each line in the Total Grant Budget should be a sum from the corresponding line items in each activity record. The Total Grant Budget should not be greater than \$10,000.

TOTAL GRANT BUDGET	
Site: Room & Hall Fees	\$
Site: Equipment	\$
Site: Tables and Chairs	\$
Site: Other	\$
Publicity: Graphics Work	\$
Publicity: Photocopying/Printing	\$
Publicity: Advertising Fees	\$
Publicity: Other	\$
Staff Time: Planning & Coordination	\$
Staff Time: Event Implementation	\$
Staff Time: Reporting & Follow Up	\$
Staff Time: Other	\$
Miscellaneous	\$
Total Grant Budget	\$

II. ACTIVITY RECORDS

Please complete the following activity records and budgets on pages 2-9, as needed.

For Reference Only

Activity 1

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 1 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 1: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 2

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 2 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 2: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 3

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 3 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 3: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 4

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 4 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 4: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 5

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 5 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 5: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of activities proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 6

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 6 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 6: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 7

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 7 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 7: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$

Activity 8

1. Activity Name: [Type Activity Name Here]

2. Estimated Date Complete: [Type Date Here]

3. Goals of the Activity:

[Type Goals of Activity Here]

4. What materials can you provide as proof that the activity took place?

[Type Proof of Activity Here]

5. Please list all relevant groups this activity will reach from the following: Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

Activity 8 Summary Table				
Number of activities proposed	Cost for individual activity (From budget table below)	Total activity budget (From budget table below)	Estimated number of people reached (per activity)	Estimated total number of people reached
#	\$	\$	#	#

Activity 8: Budget for Individual Activity			
Item	Cost per Individual Activity	Number of Activities Proposed	Total Activity Budget
Site: Room & Hall Fees	\$		\$
Site: Equipment	\$		\$
Site: Tables and Chairs	\$		\$
Site: Other [Please specify]	\$		\$
Publicity: Graphics Work	\$		\$
Publicity: Photocopying/Printing	\$		\$
Publicity: Advertising Fees	\$		\$
Publicity: Other [Please specify]	\$		\$
Staff Time: Planning & Coordination	\$		\$
Staff Time: Event Implementation	\$		\$
Staff Time: Reporting & Follow Up	\$		\$
Staff Time: Other [Please specify]	\$		\$
Miscellaneous [Please specify]	\$		\$
Total	\$		\$