### \* GRANT \* APPLICATION \* WORKSHEET \*

This worksheet is for your use in preparing your responses before you actually fill in the on-line Grant Application. We suggest you save it to your computer. Any information you have entered in the Worksheet when you save it will be saved as well. This will allow you to take your time in preparing the Application. When you are ready to file your application with Do Good Grants, you can copy the responses from this worksheet and 'paste' them into the on-line application.

#### NOTE:

Do Good Grants will fund your project only if it is for the direct benefit of people or animals in San Luis Obispo County, California.

We fund individuals, and some informal groups like a class or social club.

We do not provide funding to for-profit or non-profit organizations.

We do not provide funding to pay you for your time.

You must be registered and logged in to apply for a Do Good Grant.

### **Contact Information**

<b>Applicant Information</b>	
Last Name	First Name
Street Address	
Address Line 2	
Address Line 3	
City	
State	Zip Code
Phone	

Do you agree that your project does not, and will not discriminate against anyone based on age, race, ethnicity, gender, national origin, sexual orientation, or religious belief?

I agree to abide by this non-discrimination requirement.

### Which area(s) will your project involve?

Human Rights, Equality, and Dignity

Animal Rights and Welfare

Protecting the Planet

Arts and Culture

Kindness and Generosity

Health and Wellness

Addressing quality of life issues for youth and seniors

Is your project intende	ed for the benefit of residents of San Luis Obispo County, CA?
Yes	
No	
Are you applying on be	ehalf of an established organization?
Yes	
No	
If yes, provide the folloo (Please note that we gen	owing information: erally provide grants to individuals or informal groups only.)
Organization Type:	501(c)(3)
	For-Profit company
	Other (Club, Social Group, Class, etc.)
Organization Name (if	established organization)
Is your grant request f	or ongoing operational expenses of an organization?
Yes	
No	
Does your budget inclu	ide paying for your time spent doing the project?
Yes	
No	
Phone Number	

# **Project Description**

Project Name	
Project Location (City, County, Area, etc.)	
State	
Project Website (optional)	
What is your specific project? What you are trying to accomplish. How does that 'Do Good'? (750 characters or less)	
What are the steps and timeline for your project? Will anyone else be working with you? (750 characters or less)	
Who will benefit from successful completion of your project? (750 characters or less)	

Why do you want to do this, and why do you think you can succeed?
Have you already done anything to accomplish your project goals?
Is there anything else you want us to know about you or your project?

### **Amount of Grant Requested:**

Not including personal funds, how much have you raised for your project so far?

## **Budget Table**

In the table below, list the expenditures you expect to make from this grant for any goods or services. For example, you might have one or more lines for equipment purchases, advertising, transportation, fees, etc.

It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount
It	tem or Purpose	Amount

# References

Please provide the contact information for two reputable community residents who can speak to your ability to complete your project's goals.

Enter contact i	nformation	regarding your	first ref	ference.
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First Name	Last Name			
E-Mail	Phone			
Address				
Address 2				
Address 3				
City	State	ZIP		
Enter contact information regarding your second reference.				
First Name	Last Name			
E-Mail	Phone			
Address				
Address 2				
Address 3				
City	State	ZIP		