



Community Grants Program

Requested Amount: _____

Date Funds Are Needed By: _____

Name of Organization/Group: _____

Title of Project: _____

Contact Name/Title: _____

Address Line 1: _____

Address Line 2: _____

Phone: _____

Email: _____

Fed. Tax ID #: _____

The Community the grant will benefit:

- ☐ Youth Education & Recreation
- ☐ Park Enhancements
- ☐ Public Safety
- ☐ Community Pride Initiatives

Please submit the following on your organization/group letterhead for Evaluation Criteria:

1. Project Objectives/Community Benefits
2. Project Activities
3. Ability to Leverage Other Community Resources (i.e. in-kind services, materials, number of participants)
4. Project Schedule (Readiness and Time of Completion)

Complete applications will be reviewed by the sub-committee and be voted on by the Foundation board. Please allow a minimum of 8 weeks from the date received by the Foundation and the determination. Grants will be taken into consideration only during the following dates: September 1st – May 31st.

Application checklist:

1. Application Form
2. Evaluation Criteria Letter
3. W9 Form Completed

SUBMIT

Please click the submit button to have your completed application sent to our Grant Review Committee. Please also attach your Evaluation Criteria Letter and completed W9 Form. Alternatively, you may email us your three attachments at: CostaMesaFoundation.CMF@gmail.com or you can mail in your documents to: PO. Box 10268 Costa Mesa, CA 92627.