

Grant Request Questionnaire

Nonprofit Name:

Contact Information and location:

Years in existence:

Service area:

Mission:

Description of project/expense that you are requesting funding for (please provide specifics):

Total Funding Needed to complete the project:

Amount requested from CCCF:

If additional funds are needed, have you secured those funds?:

Expected impact for Clark County (numbers and population/groups impacted):

Will funds be used outside of Clark County?:

Project timeline i.e. When are funds needed? When can you report back on project success?: