



City of Riverside

# Human Relations Commission

## COMMUNITY SUPPORT GRANT APPLICATION

Please submit original Grant Application Form with all corresponding documents and attach event flyer to Community & Economic Development Department, Neighborhood Engagement Division prior to the deadline as indicated on the checklist. Any questions please call for assistance at (951) 826-5430. Please type or print the following information.

Organization Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Project Title and Description

Project Title: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project description:

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How does the project align with the mission of the Human Relations Commission, and how will it aid in the elimination of prejudice, intolerance, and discrimination?

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How will the project empower Riverside communities and promote an informed and inclusive multicultural society?

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How will the community be involved in the project, and how will it benefit the community?

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Can you describe your organization's prior experience in carrying out similar projects?

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What is your plan for evaluating the success of the project, and what specific outcomes will you use to measure success?

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### Project Timeline

Project Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Please provide a detailed timeline of the anticipated milestones for your project.

<b>Start Date</b>	<b>Milestone</b> Ex: find location, recruit volunteers	<b>Completion Date</b>

### Estimated Expense Form

<b>Itemized Expenses</b> Please provide description	<b>Estimated Cost</b>	<b>In-Kind Donations</b> (Services or Materials)

Donation Examples, services fees, material, gift cards, food, entertainment, etc.

**Signature:** The signatory declares that the assigned applicant assures that any funds received as a result of the application will be used only for the purpose set forth herein.

NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization Process:**

Date Received:	Reviewed by:	Date Reviewed:
HRC Review Date:	Reviewed by:	
HRC Approval:		Date Approved: