



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:

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?

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

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

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

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

Project Timeline

Project Start Date: _____

Completion Date: _____

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

| Start Date | Milestone Ex: find location, recruit volunteers | Completion Date |
|-------------------|--|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Estimated Expense Form

| Itemized Expenses Please provide description | Estimated Cost | In-Kind Donations (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: |
| City Council Approval: | | Date Approved: |