**I. TOTAL GRANT BUDGET**

Please complete the Total Grant Budget based on the totals from the below activity records. Each line in the Total Grant Budget should be a sum from the corresponding line items in each activity record. The Total Grant Budget should not be greater than $10,000.

|  |
| --- |
| TOTAL GRANT BUDGET |
| Site: Room & Hall Fees | $ |
| Site: Equipment | $ |
| Site: Tables and Chairs | $ |
| Site: Other | $ |
| Publicity: Graphics Work | $ |
| Publicity: Photocopying/Printing | $ |
| Publicity: Advertising Fees | $ |
| Publicity: Other | $ |
| Staff Time: Planning & Coordination | $ |
| Staff Time: Event Implementation | $ |
| Staff Time: Reporting & Follow Up | $ |
| Staff Time: Other | $ |
| Miscellaneous | $ |
| Total Grant Budget | $ |

**II. ACTIVITY RECORDS**

Please complete the following activity records and budgets on pages 2-9, as needed.

**Organization Name:** [Type Organization Name Here]

Activity 1

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 1 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 1: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 2

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 2 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 2: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 3

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 3 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 3: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 4

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 4 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 4: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 5

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 5 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 5: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of activities proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 6

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 6 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 6: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 7

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 7 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 7: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |

Activity 8

**1. Activity Name:** [Type Activity Name Here]

**2. Estimated Date Complete:** [Type Date Here]

**3. Goals of the Activity:**

[Type Goals of Activity Here]

**4. What materials can you provide as proof that the activity took place?**

[Type Proof of Activity Here]

**5. Please list all relevant groups this activity will reach from the following:** Communities of Color, Persons with Disabilities, Immigrant Communities, LMI Households, LEP Individuals, Seniors, Vulnerable Persons impacted by Disasters

[Type Groups Reached Here]

|  |
| --- |
| **Activity 8 Summary Table** |
| Number of activities proposed | Cost for individual activity(From budget table below) | Total activity budget (From budget table below) | Estimated number of people reached (**per activity**) | Estimated **total** number of people reached  |
| # | $ | $ | # | # |

|  |
| --- |
| **Activity 8: Budget for Individual Activity** |
| Item | Cost per Individual Activity | Number of Activities Proposed | Total Activity Budget |
| Site: Room & Hall Fees | $ |  | $ |
| Site: Equipment | $ | $ |
| Site: Tables and Chairs | $ | $ |
| Site: Other [Please specify] | $ | $ |
| Publicity: Graphics Work | $ | $ |
| Publicity: Photocopying/Printing | $ | $ |
| Publicity: Advertising Fees | $ | $ |
| Publicity: Other [Please specify] | $ | $ |
| Staff Time: Planning & Coordination | $ | $ |
| Staff Time: Event Implementation | $ | $ |
| Staff Time: Reporting & Follow Up | $ | $ |
| Staff Time: Other [Please specify] | $ | $ |
| Miscellaneous [Please specify] | $ | $ |
| Total  | $ | $ |