CNPS San Diego Mini-Grant Application

Project Title: _________________________________________________________

Sponsoring Organization: ________________________________________________

Contact Name: ___________________ Phone: _______________ Email: __________

Type of Project:   __ Conservation    __Education   __ Horticulture   __ Science

Amount Requested $ ___________ Total Project Cost $ ______________

Other Funds Sources (Group/ $) : _______________________________________

Volunteer Hours:  Planning To Date ________ Needed to Implement _________

Type(s) of Volunteers _________________________________________________

CNPS Board Liaison: ____________________________________________________

Describe the purpose of the project:

How does your project promote the mission of CNPS?

How would funds supplied by CNPS be spent?

What evidence of project implementation will project proponent provide CNPS? Please provide the date of each item.

I agree to refund the full amount granted by CNPS-SD in the event that the project is not completed as stated or if we fail to provide the deliverables listed above.

__________________________________               _______________________
Name                                                      Date