

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 Liason: _____

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