



Crime Stoppers Mini-Grant Application

Name of Organization: _____ Date: _____
Address: _____
Contact Person: _____ Phone: _____
E-Mail: _____

Dollar amount of your request: _____

Description of activity or event for which funds are requested: _____

Goals and anticipated end result of activity or event: _____

Number of people who will participate in or be affected by this activity or event: _____

Timeline for completion of activity or event:

Date	Activity to be completed

Item / Expenditure to be purchased with CS Mini-Grant	Estimated amount of expense