



DIAMOND IMPROVEMENT GRANT APPLICATION FORM

1. Date _____

2. Organization _____

_____A. Registered Charitable Organization

Charitable Registration Number

_____B. Incorporated not-for-profit entity

_____C. Unincorporated organization with an affiliation with a registered charity or non-profit organization

Name of affiliated non-profit organization and registration number

Contact Name and Title

Name _____

Title _____

Project Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

3. History

Provide a brief history of your organization/charity including date of incorporation, objections of the organization, and programs offered.

4. Target Population

Summarize the target population and demographics. Include information about the primary audience, number of individuals that will benefit from your program, age of the participants, and where the program will be offered.

5. Program Description

Provide a concise description of the program for which funding from CGC will be used. Specifically include the following:

- Issue to be addressed
- Goal of the project
- Specific purpose for the funds requested
- What makes this project unique
- Plan for maintenance and upkeep of project/purpose/renovation
- Photo of current field condition

6. Budget

***Please Note – A complete and detailed Project Specific Budget is essential to the grant application. This needs to include (a) total project revenue amount with an itemized breakdown of those revenues and (b) total project costs with an itemized breakdown of those costs. Include in your revenues the amount requested from CGC.**

It is important to show your project is well thought-out and has adequate funding so it is not in danger of stalling or falling incomplete.

The CGC Board votes on all grant applications and will not consider those with incomplete budget information.

Total Project Amount \$ _____

Amount requested from CGC \$ _____ (maximum \$5,000 request)

Please also include the following financial statements for past year

7. Board of Directors

Is your board reflective of the community served or proximate to the community? If yes, how so? List the organization's board members, including addresses and phone numbers.

8. Benefits to Cleveland Guardians Charities

Indicate recognition opportunities / acknowledgements

9. Other Involvement and Associations

List if your organization/charity is aligned or sponsored by another corporation and include detailed involvement and any financial support.

10. Diversity, Equity & Inclusion

How has your organization/charity demonstrated a commitment to Diversity, Equity, and Inclusion? What plans do you have to help ensure participation from historically marginalized populations in your program?

11. Letters of Support

Submit any “letters of support” from community leaders that support your organization/project and request for funding.

12. Final Post Grant Report

All successful applicants MUST complete and submit the Post Grant Report with Cleveland Guardians Charities within 90 days after the completion of the project.

***False information or non-compliance to terms and conditions may lead to our request to return funds.
Full audit of program will be taken.***