



Wichita Independent Neighborhoods, Inc.

1150 N Broadway, Ste 101, Wichita, KS 67214 Phone 260-8000 WIN@midtownerc.org

"Bloom Where You are Planted"

Mini-Grant Application

Date: _____ Neighborhood Association: _____

Association Boundaries and number of homes and businesses inside your association:

Have your dues been paid? _____ Yes _____ No

Has WIN helped the neighborhood association with other projects? _____ Yes _____ No

If yes, when and what activity? _____

We are requesting funding for _____

Start Date: _____ End Date: _____

What is the purpose or goal of this activity? How does it benefit the neighborhood?

How will you determine if the activity is a success?

Is this a new activity for your association? _____ Yes _____ No

If no, please explain and how was the project funded in the past

Please provide a current listing of your executive board members and put an "X" by your contact persons (you must have two contacts):

	X	NAME	ADDRESS	PHONE	E-MAIL
President					
Vice President					
Secretary					
Treasurer					
Other					

Budget (This has to be filled out completely):

Total budget for this activity \$ _____

Requesting from WIN \$ _____

Item Description	Total Amount	Matching Cash	Sweat Equity	WIN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Itemized Budget \$ _____

Matching funds – the money requested from WIN should also be matched by one or more of the following:☐ Sweat Equity \$ _____ ☐ Cash \$ _____ ☐ Donations _____

(6.00 per hour) _____ hrs x \$6.00 = \$ _____

Total Matching Funds \$ _____**Application must be signed by two authorized people from the association:**_____
Name Title Phone number_____
Name Title Phone number**Office Use Only****Committee discussion out come:**

Have dues been paid: _____ Yes _____ No

Approved: _____ Disapproved: _____ Send for Additional information: _____
Date Date Date**Grant Total Approved \$** _____ **Signature** _____

Check issued to _____

Check # _____ \$ _____ Date _____ Signature _____