



Des Moines Service Area Decategorization Projects

serving
Adair, Adams, & Union Counties
Clarke, Decatur, Lucas, Ringgold, & Wayne Counties

Jocelyn Blazek, Decat Coordinator

CPPC MINI-GRANT FUNDING REQUEST FORM

Name of Requestor (Individual's Name): _____

Email Address of Requestor: _____

Sponsoring Agency/Organization: _____

Project Name: _____

Project Date & Time: _____

Project Location (including zip code): _____

Brief Description of Project: _____

What is the intended outcome of this project? _____

Target Population (must identify an at-risk population, see instructions for examples): _____
Est. # of children to be served: _____
Est. # of adults to be served: _____

Which strategy of CPPC does this event/program meet?

- Shared Decision Making Neighborhood Networking Individualized Course of Action Policy & Practice Change

How does it meet the identified strategy? (see instructions for examples) _____

Specify collaborative partners & their role in the project: _____

Amount Requested (up to \$500.00): _____

Total Cost of Project (include amount requested and ALL other sources of funding) : _____

Check should be made out to: _____

Address to send check to: _____

Signature of Requestor

Date

The Requestor must be authorized by the Sponsoring Agency/Organization to request and receive funds on behalf of that Agency/Organization