Inter Tribal Council of Arizona, Inc. and the Climate Assessment for the Southwest

Community Small Grants Program – Application Form

A. Organizational Information

Name of Tribe _____

Mailing Address _____

Phone _____ Fax _____

E-mail _____

B. Grant Administrator Information

Program Contact/Grant Administrator _____

Title _____

Email _____

Phone Number _____

C. Project Details

Project Name _____

Funding Amount Requested _____

Project Abstract _____

_____

_____

_____

_____

Brief Statement of Project Goals/Objectives/Outcomes _____

_____

_____

_____

_____

Geographic Area of Proposed Project _____

_____

D. Signature Authorization

I hereby certify that the information provided in the application for the Community Small Grants Program is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could jeopardize consideration of this application.

Print Name_____ Title_____

Signature_____ Date_____