



Bensenville Youth Services Coalition Mini-Grant Application

Applicant Name: _____ Phone No.: _____

Organization/Individual: _____ E-Mail: _____

Address: _____ Date of Request: _____

Grant Request:

1. Provide a brief description of the organization requesting this mini grant.

2. State reason for request/how monies are expected to be spent.

3. Who will benefit from the grant?

4. Event Date: _____

5. Money Needed To Be Received by Date: _____



Should a grant request be approved the following will be expected:

1. Post Event – A brief summarization explaining of the outcome of the event and how the monies awarded benefited the applicant(s).
2. Media – If a grant is approved all media alerts/coverage having to do with the event will include acknowledgement of having received a Bensenville Youth Services Coalition grant to help fund said event. Copies of said articles/communications should be included with the post event summarization.

Submit Proposals To:

Bensenville Youth Services Coalition
Attn: Lara Schwarz
Village of Bensenville
12 South Center Street
Bensenville, IL 60106