

## **APPLICATION COVER SHEET – For Student Groups and Organizations**

## Applicant Information

1.	Name of Student Group or Organization:	
2.	Point of Contact (first and last name):	
3.	Group or Organization Mailing Address (street, city, zip code):	
4.	Group or Organization Website URL:	
5.	. Social Media Platforms used (select all that apply; list handles or profile names is sp	
	provided):	
	here:	
6.	Point of Contact Email Address:	
7.	Point of Contact Phone (cell phone preferred):	
8.	Number of Youth Leaders Leading the Project:	
9.	Age range of youth leaders (select one that best described your group): $\Box$ 11-13 $\Box$	
	14-17 🗆 18+	
10.	School(s)/College(s) affiliated with group (if applicable, not required):	
11.	Group/Organization Type (select one that best describes your group):	
	□ Group of Friends □ Student Group or School Club □ Community-Based	
	Organization   Other:	
Summa	ary of Mini-Grant Project or Proposal	
12.	Name of Project or Proposal:	
13.	Project or Proposal Description (select all that apply): $\Box$ One-time	

	Multi-session In-person Virtual
14.	Social Justice Focus (select all that apply): $\Box$ Race/Ethnicity $\Box$ Gender $\Box$
	Sexual Orientation D Other (please describe):
15.	Number of other youth who will held lead this project:
	Goal number of people your project will serve:
	Age range of people who will be served by your project (select all that apply):
□ 5-12	□ 11-13 □ 14-17
	□ 18-25 □ 26-39 □ 40-64 □ 65+
18.	Which Council Districts do you hope your project participants will come from?
	(Reference the <u>City of Seattle Council District Map</u> ; select all that apply):  Council
	District (CD) 1  CD 2  CD 3  CD 4  CD 5  CD 6  CD 7
19.	Budget requested (min \$500, max \$8,000):
Fiscal S	Sponsor Information
1.	Do you have a fiscal sponsor? 🛛 Yes 🗆 No 🖓 Unsure
2.	Name of fiscal sponsor:
3.	Mailing Address (street, city, zip code):
4.	Email Address:
5.	Phone:
6.	Has the fiscal sponsor previously been awarded DEEL funding? $\Box$ Yes
	□ No □ Unsure