



**THE TRINITY TRUST
SUMMER YOUTH PROGRAM 2021
MINI-GRANT APPLICATION – TRINITY COUNTY**

Please submit only one application per organization

Amount Requested: _____
(Average Grant will be \$500)

Program Title: _____

Organization: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Executive Officer: _____ Title: _____

Contact Person: _____ Title: _____

(if different from above)

Does organization have tax exemption, a 501c(3)? Yes No Tax ID #: _____
(REQUIRED)

If 'No', please provide the **name and tax ID#** of the organization holding tax-exemption that will be acting as your fiscal sponsor: _____

**Trinity County
Application Due Date:**

May 24, 2021

Email
completed applications to:
grants@hafoundation.org

or Mail applications:
postmarked by due date
**The Trinity Trust
Summer Youth Program
c/o Humboldt Area Foundation
363 Indianola Rd.
Bayside, CA 95524**

For Office Use Only

Program Officer: CWO Committee: TRIN Fund ID: _____
Review Date: _____ Action: _____ Profile #: _____
Amount: _____ Grant #: _____
Batch #: _____

Program Area: ANML COMM ART ENV HEAL TA YUTH

8. Do you have or will you seek funding for this program or for scholarships from other sources? If so, from whom and how much?
9. Budget for summer recreation program (*please be specific*):
10. Detailed list of *specific* items requested/cost:
11. If you are applying for **more than \$500**, please describe your special need for additional funding:
(*i.e. serving low-income, disabled or disadvantaged youth; serving youth in an outlying area; operating for a long duration [for example, every week-day all summer], serving extremely large numbers of youth, etc.*).
12. What safety measures and procedures will you implement to meet the guidelines and restrictions provided by the California Department of Health to prevent the spread of Covid-19? Programs must meet guidelines. Not following state guidelines will adversely affect future grants from the foundation.