



**City of Cupertino
Community Improvement Grant Program
Itemized Event/Project Budget**

CUPERTINO

Contact Person Information

Contact Name: _____ Work Phone: _____
Email: _____ Home Phone: _____
Address: _____

Project/Event Information

Name: _____
Start Date: _____ End Date: _____
Address: _____

Item No.	Expense Description	Estimated Cost	Final Cost

Total Estimate Project Cost

Amount of your CIGP request (Maximum \$300)

Describe other Funding Sources