Date: _____

Grant Application

Name of organization applying for grant _____

Mailing address (street, city, zip code) _____, _____, CA _____

Physical address if different _____, _____, CA _____

Contact name _____ Contact title _____

Contact phone number ( ) _____-_____ Contact e-mail address _____

Year organization began operation _____ Tax I.D. # _____

Tell us about your organization and your mission. (Use more paper if necessary.) _____

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Title of project for which you are requesting funding _____

Describe project. Include requested funding and an itemized list of costs. (Use more paper if necessary.) _____

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Attach a copy of your letter stating your exempt status, and mail to:

Margaret Beelard Community Foundation, P.O. Box 5301, Vacaville, CA 95696