

Grant Application

CABRILLO GRANT APPLICATION COVER PAGE

Date of Application: _____

Name of Organization: _____

Address of Organization: _____

City, State, Zip: _____

Name of Program: _____

Telephone: () _____ Fax #: () _____

E-Mail Address: _____

Name of contact person: _____

Direct Dial Phone Number of Contact Person: () _____

Signature of Executive Director: _____

Signature of Board Chair: _____

The amount being requested: Spring Grant \$ 1000.00 Fall Grant \$ 500.00

of members to be served _____

Check here if this is a brand new program for your club.

Summary of project or grant request (two or three sentences): _____

If you are applying for April or October funding indicate which category of funds you are applying for:

Application for Board meeting Grant must be submitted to the State BOD for review and consideration at the board meeting prior to the event to which the Subordinate club is applying for Grant.

The funds in these Grants may be used for any cost the club may incur in connection with the hosting of the event.

In accepting this Grant it is agreed that any unused portion of the Grant monies will be donated to the State Council upon final accounting of the event.

BOD: Action: _____ Date: _____