

**WEST SACRAMENTO FOUNDATION  
GRANT APPLICATION**

(If you elect to retype the Grant Application, make sure each item is addressed. Your application may be withdrawn without consideration, if any area is omitted. NOTE: Grant Application is limited to two (2) pages maximum.)

***APPLICATION DEADLINE: Postmark by January 8, 2010  
(no hand deliveries)***

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

ORGANIZATION/AGENCY NAME & ADDRESS:

PURPOSE OF ORGANIZATION/AGENCY: (Please provide a brief overview of your group/agency.)

NAME/PURPOSE OF PROJECT:

# Of People Served By This Grant:

GRANT AMOUNT REQUESTED (from Budget Worksheet):

WHAT ARE THE OTHER SOURCES OF FUNDING FOR YOUR ORGANIZATION?

IF THE FOUNDATION PARTIALLY FUNDS THE GRANT REQUEST, WILL YOU BE ABLE TO GET THE BALANCE OF THE FUNDS REQUESTED?

Yes  No

1. The funds requested in this application will **exclusively serve residents of West Sacramento.**
2. Our organization will maintain records to document the population served and the average dollars used per beneficiary from funds provided by this grant.
3. I hereby certify that this application is true and correct to the best of my knowledge. Attached is the IRS Form 501(c)3 and the listing of the organization's governing members including requested information.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

PRINT/TYPE NAME \_\_\_\_\_

DATE \_\_\_\_\_