

GRANT APPLICATION

Organization		Fed Tax ID #
Contact		Date
Title	Au	thorized to Request Funding? YES / NO
Email		Phone
Address	City	Zip
Board President	Email	Phone
Web Address		501 (C)(3) Yes/No
funding, including the number of peop		vices to be provided with the requested grant
Please attach additional sheets as nece brochures or program descriptions. If n organizations IRS authorization letter a Mail completed ap	ot previously submitted, pl	ease also provide a copy of your
 disability, national origin or sexual orienta Grants to area organizations usually range The Sutter Yuba Community Foundation (\$\sqrt{S}\$ 	rvices which discriminate on the tion. from \$250 to \$1,500. GYCF) will consider all grants as r est (full or partial). Awardees ar	e basis of; race, religion, color, sex, physical or mental eceived, and then upon recommendation of the e notified via mail. Additionally, a SYCF board member
SYCF ADMINISTRATION ONLY		Date Presented:
Date of Previous Award (if applicable) _Category:	Amount \$_	
☐ Education☐ Homelessness	☐ Hunger☐ Community	Awarded? YES /NO Amount \$ Date

Rev. 9/5/18