



**Grant Application**

**1. Name of Applicant:**

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**2. Name of Organization:**

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**3. Organization's Board of Directors/Titles:**

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**4. Organization's Address:**

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**Phone:** \_\_\_\_\_

**Applicant's/Organization's Federal Tax Identification Number:**

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**5. Contact Person:**

<b>Name</b>	<b>Title</b>
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**6. Contact Phone:** \_\_\_\_\_

**7. Project Name or Title:**

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**8. Funding Amount Requested: \$ \_\_\_\_\_**

**9. Explain how funds from MCF are to be used.**

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**10. Provide a description of the purpose, budget and timetable for the project. Use a separate sheet if necessary.**

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**11. Would a partial grant from MCF allow the program/project to begin/continue? Please explain.**

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**12. Explain the benefits Martinez will receive from the project.**

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**13. How does this project fit into the purpose and objectives of the Foundation? (See Funding Application Guidelines.)**

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**14. Provide a brief description of other funding sources, if any. Please include the percentage of that funding to the entire cost of the project.**

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**15. List all other sources for which project funding has been or will be applied. (Note: The Foundation expects to be notified in advance of grants or gifts received or pledged from other sources.) Use separate sheet of paper if necessary.**

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**16. Describe oversight responsibility for the project (administration, accounting and implementation).**

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**17. Summarize the organization’s experience relevant to the proposed project.**

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**18. If similar programs or services are provided by another Martinez agency or organization, how will duplication of efforts be avoided?**

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**19. In addition to the above information, please provide copies of documentation to support the status of the applicant (i.e., nonprofit, government agency, etc.)**

**20. Will photographs of the project, either completed or in process, be provided and/or allowed for possible inclusion on the MCF Web site?**

**Photographs Allowed: Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Provided: Yes \_\_\_\_\_ No \_\_\_\_\_**

**21. On a separate sheet of paper please note any other aspects, related services, or special features of the proposed project that you believe would be of value to the Foundation Board in making its evaluation.**

**I represent that the information presented in this application is accurate to the best of my knowledge and belief.**

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**Signature**

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**Date**

Please mail your completed application to:  
**Martinez Community Foundation, P.O. Box 789, Martinez, CA 94553** or email it to:  
[informpr@sbcglobal.net](mailto:informpr@sbcglobal.net)