



Grant Application

1. Name of Applicant:

2. Name of Organization:

3. Organization's Board of Directors/Titles:

4. Organization's Address:

Organization's Phone: _____

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

Please attach a copy of your IRS designation letter as proof of non-profit status.

5. Contact Person:

Name

Title

6. Contact Phone: _____ **Email:** _____

7. Project Name or Title:

8. Funding Amount Requested: \$ _____

9. Please specifically describe how MCF funds will be used. Please note that MCF does not grant funds for your organization's staff (i.e. salaries, benefits, etc.).

10. Provide a description of the project's purpose and scope and a detailed budget for the project. Use a separate sheet if necessary.

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

15. Summarize the organization's experience relevant to the proposed project.

16. 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 _____

Photographs Provided: Yes _____ No _____

17. 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.

Signature

Date

Please mail your completed application to:
Martinez Community Foundation, P.O. Box 789, Martinez, CA 94553

(Revised September 2020)