



GRANT APPLICATION

1. Name of organization: _____
2. Name of Administrator/Exec Director: _____
3. Address: _____
4. Years in Business: _____
5. Tax exempt 501(c)3 number: _____
6. Number of employees: _____
7. What Geographic area served (Stanislaus County)? _____

8. Name of Board President: _____
9. What services do you provide to the senior (aged 60+) population? _____

10. Estimated cost for service/equipment which is the basis of your request? _____

11. How many seniors will be served through this grant? _____

PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. Your Mission and Vision Statement.
2. A list of the names of your Officers and Board of Directors.
3. A budget for the project you are requesting this grant.
4. Three (3) personal or agency referrals.
(Please attach extra sheets of paper if necessary to respond to this application.)