

## Sutter Creek Community Benefit Foundation Common Grant Application Form

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Please provide the information requested on this form **completed on these two pages only**. Please do not type "see attached" on any item. You may print this form on your computer and mail to **Sutter Creek Community Benefit Foundation PO Box 24 Sutter Creek Ca. 95685**. Please do not bind your application or put your application in a presentation folder. Clip the application together with a single clip - do not use staples.

### **A. ORGANIZATION AND PROGRAM/PROJECT INFORMATION**

1. Legal organization name:

2. Year organization was founded:

3. Tax status: Tax ID # (EIN): \_\_\_\_\_  
    \_\_\_ 501 (c) (3) nonprofit  
    \_\_\_ Other status: \_\_\_\_\_

4. Organization address:

5. Telephone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_

7. Organization website: \_\_\_\_\_

8. Executive Director or principal officer (Name and Title): \_\_\_\_\_

9. Email: \_\_\_\_\_

10. Contact for this proposal: \_\_\_\_\_

11. Daytime telephone: \_\_\_\_\_

12. Email: \_\_\_\_\_

13. Mailing address, if different from above:

14. Amount requested: \$ \_\_\_\_\_

15. Type of request (check all that apply):

\_\_\_ Educational Support    \_\_\_ Capital Project  
\_\_\_ Other \_\_\_\_\_

16. Program/Project Title:

17. Total Project Budget:

18. Summary of the organization's mission (two to three sentences):

19. Summary of the project or grant request :

20. Who will be served by the project or grant?

**ORGANIZATION AGREEMENT and SIGNATURE**

The organization hereby agrees that funds, if granted, will be used only for the purpose described above unless written approval from the grantmaker is received.

Signature of authorized representative \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Date Submitted \_\_\_\_\_



