



Community Foundation for San Benito County
2019 Grant Application Cover Sheet

Ref #: 19- _____

iPHi App _____

Applicant Information

Organization Name: _____

Primary Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ ***Fax:*** _____ ***Email:*** _____

Name of Proposed Project: _____

Grant Request: \$ _____ ***Total Project:*** \$ _____

Start Date: _____ ***Completion Date:*** _____

Have you requested funding from two additional sources? Yes No

Project Summary Description:

Authorizing Signatures

Application must include two signatures:

1) Executive Director or CEO

2) Board Chairperson or President

Signature

Signature

Print Name

Print Name

Title *Date*

Title *Date*