



GRANT APPLICATION

Date _____

Organization _____ Fed Tax ID # _____

Contact _____ Title _____

Authorized to Request Funding? (circle) YES / NO

Email _____ Phone _____

Address _____ City _____ Zip _____

Board President _____

Email _____ Phone _____

Organization Website _____ (circle) 501 (C)(3) YES / NO

Amount Requested \$ _____ Please describe the services to be provided with the requested grant funding, including the number of people to be served, age groups, as applicable.

Please print this application and attach any additional sheets as necessary as well as supporting documentation if applicable, such as brochures or program descriptions. If not previously submitted, please also provide a copy of your organizations IRS authorization letter as proof of 501 (c)(3) status.

Mail completed application to SYCF, PO Box 3165, Yuba City, CA 95992

Funding Guideline and Information

- Recipients must be a valid 501 (c)(3) in good standing, serving Yuba or Sutter counties.
- No grants will be funded for projects or services which discriminate on the basis of, race, religion, color, sex, physical or mental disability, national origin or sexual orientation.
- Grants to area organizations usually range from \$250 to \$1,500.
- The Sutter Yuba Community Foundation (SYCF) will consider all grants as received, and then upon recommendation of the board, will determine an amount per request (full or partial). Awardees are notified via mail or email and requested to attend the next scheduled SYCF meeting to receive check. Additionally, a SYCF board member may make an award check presentation at the applicant's event (if appropriate) to achieve publicity for SYCF.

SYCF ADMINISTRATION ONLY Date Received: _____ Date Presented: _____

Date of Previous Award (if applicable) _____ Amount \$ _____

Awarded? YES / NO
Amount \$ _____
Date _____