SUTTER YUBA COMMUNITY FOUNDATION

GRANT APPLICATION

Date: _____

APPLICANT INFORMATION

Organization / Group Name: _____

Federal Tax ID (if applicable): _____

Contact Person: _____ Title: _____

Authorized to Request Funding? (circle) YES / NO

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Board President or Responsible Officer (if applicable): _____

Email: _____ Phone: _____

Organization or Group Website (if applicable): _____

Have you received a grant previously - _____

TYPE OF REQUEST (check one)

☐ Youth Sports Program
☐ Health and Wellness
☐ General Community Improvement
☐ Ag/Vocational Tech
☐ Other (please describe): _____

AMOUNT REQUESTED

$_____

PROJECT / PROGRAM DESCRIPTION

Please describe the services or project to be supported by the requested grant funds.
Include the number of people to be served and age groups, if applicable.

COMMUNITY IMPACT

Describe how this project will benefit the Yuba and/or Sutter County community.

ADDITIONAL INFORMATION

Please print this application and attach any additional sheets as necessary, as well as any supporting documentation if applicable (such as brochures, program descriptions, or budgets).

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

FUNDING GUIDELINES AND INFORMATION

- Applicants may include nonprofit organizations, youth sports groups, and community-based programs 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.
- The Sutter Yuba Community Foundation (SYCF) will consider all grants as received and, upon recommendation of the board, will determine an amount per request (full or partial).
- Awardees are notified via mail or email and may be requested to attend the next scheduled SYCF meeting to receive the grant check.
- A SYCF board member may present the award at an applicant's event, when appropriate, for publicity purposes.

SYCF ADMINISTRATION ONLY

Date Received: _____ Date Presented: _____

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

Awarded? YES / NO

Amount Awarded: $_____

Rev. _____ Date _____