



Request for Grant Funding

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN SUBMITTING A REQUEST FOR FUNDING:

Please list each category by name and provide the answer for your Organization

1. Organization Name
2. Name of Administrator/Executive Director
3. Business Address
4. Mailing Address if different from business address
5. Number of Years in Business
6. Tax exempt 501(c)3 number
7. Number of employees
8. Describe the geographic area, in Stanislaus County, which will be served by this project.
9. Provide a list of the Organization's officers and Board of Directors
10. Organizations Mission and Vision Statement
11. Describe the services your Organization provides to the low-income senior (aged 60+) population
12. Provide the number of low-income senior citizens that will be served by this project.
13. Estimated cost for the proposed project.
 - a. Provide a budget that lists any other income utilized to fund your project, include the amount of funding requested in this application in your budget, and all projected expenses.
14. Goals, objectives, and timelines of the proposed project
15. Three (3) personal or professional references
16. As a condition of receiving a grant from the Stanislaus Senior Foundation, grant recipients will be required to meet the following, no later than 60 days, after completing the grant goals and objectives:
 - A. Submit a report that details:
 1. The outcome of the project's goals and objectives.
 2. Timeline in which project goals and objectives were met.
 3. Financial report that outlines final accounting for the project.
 4. Return any excess funds not expended in meeting the project's goals and objectives.
 - B. Agree to provide the Stanislaus Senior Foundation with pictures and information that detail the goals and objectives of the project for use in the Foundations social media presence.
 - C. When submitting your request for funding, please include the following language in your request document:

By submitting an application for grant funding from the Stanislaus Senior Foundation, the undersigned, as an authorized representative of the applicant, agrees to adhere to the conditions listed in items 16 A and B of the Stanislaus Senior Foundation Request for Grant Funding document. Please provide the name of your Organization and the signature of an authorized representative in this section.