



# Soroptimist

International of Sacramento North

## SERVICE FUNDS GRANT APPLICATION

REQUEST NOT TO EXCEED \$1,000\*

Consideration only given to requests for specific items or projects fully funded with amount requested

*Limit responses to space provided below*

ORGANIZATION NAME: ADDRESS:  PHONE: EIN:	
CONTACT PERSON(S): ADDRESS (if different from above) PHONE(S): EMAIL ADDRESS(ES):	<b><u>FOR NOTIFICATION PURPOSES</u></b>
SPECIFIC DESCRIPTION OF PROPOSED PROJECT: (how grant would be used - NOT the purpose of your organization) Limit response to space provided	
AMOUNT REQUESTED:	\$ _____ (NOT TO EXCEED \$1,000*)
TOTAL PROJECT COST:	\$ _____
IS YOUR ORGANIZATION TAX EXEMPT? ____ YES ____ NO <b>IF YES, ATTACH IRS RULING LETTER</b>	
PURPOSE OF YOUR ORGANIZATION: _____ _____	
HOW LONG HAS YOUR ORGANIZATION BEEN IN EXISTENCE? _____	

\_\_\_\_\_  
SIGNATURE OF GRANT APPLICANT

**Must be received by: 11/3/2017**

**RETURN TO:** SISNservice@hotmail.com OR  
SISN, PO Box 214894 Sacramento CA 95821

\* Do NOT use this form for requests greater than \$1,000. Requests greater than \$1,000 should be submitted to:  
SISN Long Range Planning Coordinator, P.O. Box 214894, Sacramento, CA 95821