



SOROPTIMIST
Best for Women

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): PHONE(S): EMAIL ADDRESS:	
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 IF YES, ATTACH IRS RULING LETTER PURPOSE OF YOUR ORGANIZATION: _____ _____ HOW LONG HAS YOUR ORGANIZATION BEEN IN EXISTENCE? _____	

SIGNATURE OF GRANT APPLICANT

Must be received by: 11/15/18

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

* Do not use for request greater than \$1,000. Such requests should be submitted directly to our Long Range Committee at: SISN Long Range Planning Coordinator, P.O. Box 214894, Sacramento, CA 95821