



**ALTRUSA CLUB OF THE CENTRAL COAST
FOUNDATION, INC.
APPLICATION FOR COMMUNITY GRANT
Due on or before April 11, 2025 by 5 PM
Email to: altrusacc805@gmail.com**

Organization Name: _____ Organization Tax ID Number: _____

Mailing Address: _____

Contact Person Name/Title: _____

Telephone Number: _____ Email Address: _____

Website address: _____ Amount Requested: _____

Program Name: _____

Mission Statement

Proposed use of funds: (what is the money going to be used for?)

Timeline for use of funds:

What is the measureable outcome(s) of the program?

Describe the target population and how many will be served in the program:

Please identify funding received in the last five years (year and amount received) from Altrusa of Central Coast:

Submitted by: _____ Date _____
Name and Title of person authorized to submit application.

Required attachments (Do not send any additional information, photos):

1. Budget for Proposed Program with all revenues sources and expenditures
2. Copy of IRS or FTB Determination letter / 501(c)(3)
3. List of Board of Directors/Governing Body members