

CEAC East Ventura County Chapter
2060 East Avenida de Los Arboles, #D215, Thousand Oaks, CA 91362-1376
info@eastventuraeac.org

GRANT APPLICATION

1. Name and address of organization:

2. Name and title of head of organization:

3. Contact person (if different from above):

Phone:

Ext.:

Fax:

E-mail:

4. Mission of organization and main activities:

5. Summary of grant request:

6. Who benefits from project and how?

7. Amount of grant request:

8. Duration of project:

9. The undersigned person hereby certifies that the information in this application and supporting documents is correct to the best of her or his knowledge.

10. _____
(Applicant Organization)

(Signature)

(Date)

(Print Name and Title)