

# Belvedere Community Foundation Grant Application

Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Description of Project:

Time Frame for Completion:

Total Budget: \_\_\_\_\_ Amount of Grant Request: \_\_\_\_\_

Are you seeking funding from any other organization? \_\_\_ yes \_\_\_ no  
If yes, please list organization(s) and funding sought.

Please note any other information you think would be helpful to us in the consideration of this request.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Whenever possible, grant applications will be acted upon within sixty days of receipt.

Please return completed application to:  
Belvedere Community Foundation  
P.O. Box 484  
Belvedere, CA 94920