

Vistas for Children, Inc.
2016-2017 Grant Application

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____

City, State, Zip: _____

Organization's Web Address: _____

Organization's Federal Tax ID #: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Contact's E-mail Address: _____

Volunteer Contact Person: _____

Volunteer Contact Information: _____

How long has Organization operated? _____

Purpose or Mission of Organization:

FUNDING REQUEST

Amount of Grant Organization is requesting: \$ _____

How was this amount derived? _____

Please explain in detail exactly what your organization plans to do with the proposed grant funds: (If necessary, please attach separate sheet) _____

Approximately how many children would this funding assist? _____

Would you be interested in a public presentation of funds? _____

FINANCIAL INFORMATION

What is the Organization's tax status? _____

Does the Organization receive funding from other sources? If yes, please state: _____

Number of Salaried Members: _____

Number of Volunteer Members: _____

What is the Organization's total annual budget? \$ _____

*Attach a copy of last year's budget and, if applicable, a copy of organization's 501(C) 3 Form.

Please include information on Board Member names and organizations represented by them.

How did you hear about Vistas? Does your organization know any members?

Please submit this application with all information requested no later than April 1st to:

VISTAS FOR CHILDREN c/o
Kay Patel
2 Casaba Rd.
Rolling Hills Est., CA 90274
Attn: Grant Application 2016-2017

******Vistas will disburse all grants after July 1st******