

**Vistas for Children, Inc.  
2019-2020 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.

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

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Please submit this application with all information requested no later than April 1<sup>st</sup>, 2020 to:

VISTAS FOR CHILDREN c/o  
Gail Marcone  
505 Camino De Encanto  
Redondo Beach, CA 90277  
Attn: Grant Application 2019-2020

***\*\*\*Vistas will disburse all grants after July 1, 2020<sup>st</sup>\*\*\****