

CEAC San Fernando Valley County Chapter  
P.O. Box 7641, Porter Ranch, CA 91327  
[info@sfveac.org](mailto:info@sfveac.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 donation request: \_\_\_\_\_

8. Duration of Project?:: \_\_\_\_\_

9. Location/Services Provided by: \_\_\_\_\_

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

\_\_\_\_\_  
(Applicant Organization)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name and Title)