

PALO ALTO WEEKLY HOLIDAY FUND

GRANT APPLICATION FORM

Check one (see guidelines): Program Grant Multi-Year Grant Child-Care Capital Grant

Agency: _____ Grant Amount Requested: _____

Address: _____

Telephone: _____ Website: www. _____

E-mail (for communicating to you regarding your application): _____

Executive Director/CEO: _____

Date Founded: _____ Incorporated as 501(c)(3)

Total Annual Budget (of entire organization): _____ Total Employees: _____

Focus Area: Arts/Culture Education Health/Medical Social Services Environment

Geographic Area Served by Organization:

Summary Description of Organization:

Description of Grant-Supported Program (Explain how you intend to utilize the funds requested):

Submitted by: _____ Title: _____

Signature: _____ Date: _____