

⇒ DEADLINE: JANUARY 4, 2019

PALO ALTO WEEKLY HOLIDAY FUND
2018-2019 GRANT APPLICATION FORM

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

Agency: _____ Grant Amount Requested: _____

Address: _____

Telephone: _____ Website: _____

Email (for communicating with you regarding your application): _____

Executive Director/CEO: _____ Since (Year): _____

Executive Director/CEO Email Address: _____

Year Founded: _____ Incorporated as 501(c)(3) Total Employees (full-time equivalent): _____

Annual Budget of Agency: _____ Total Net Assets (at end of last FY): _____

Focus Area(s): Arts/Culture Education Youth/Families Health Environment Social Services

Geographic Area Served by Organization (*limit of 300 characters*):

Summary Description of Organization (*limit of 1,200 characters*):

Clearly state how you intend to spend the funds requested (*limit of 2,500 characters*):

Submitted by: _____ Title: _____ Phone: _____