

Disabled American Veterans
California Rehabilitation Foundation Inc.
13733 E. Rosecrans Avenue
Santa Fe Springs, California 90670
Telephone (562) 404-3815

Application for Grant

1. Name of Organization: _____

Federal Tax ID#: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Director (if different from contact): _____

2. Amount of request: _____

Period grant would cover: _____

Type of request:

_____ General Support	_____ Capital Expense
_____ Start-up Funds	_____ Technical Assistance
_____ Project Funding	_____ Other: _____

a. Total project cost (if the request is for funds other than general operating support)

b. Complete for Project/Program funds only.

How much is being requested for the project? _____

What percent is the request of the project cost? _____

3. What is the current operating budget for the organization? _____

Fiscal year begins: _____

