

**SOROPTIMIST INTERNATIONAL OF METROPOLITAN SACRAMENTO
COMMUNITY ASSISTANCE FUND APPLICATION**

Date of Application _____ Date Funds Needed _____

Nonprofit Organization _____

Organization Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Soroptimist Member Contact _____

Funding Request Amount \$ _____ Total Project Cost \$ _____

Other sources of funding, if applicable:

Describe your organization, including services provided:

Describe the program/project for which you are requesting funds:

How will requested funds be used? Please provide itemized list of costs:

How do you select the people you serve?

Who and approximately how many will benefit directly from this program/project?

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page 2

INSTRUCTIONS:

- Applications are considered for funding from September through May.
- Please submit proof of 501 (c) (3) status (or other legal documentation).
- Feel free to continue answers on an additional sheet of paper if necessary
- For requests of \$1000 or more, provide the local chapter or affiliate's most recent financial statement or Form 990.
- Send the application and any attachments, marked "Fund Request" to:

SIMS
Jeannie Yager
4635 Mona Woods Lane
Carmichael, CA 95608

- Or send via email to Ms. Yager at jean.yager@wachoviasec.com.
- Questions about the application or application process may be addressed to Ms. Yager at (916) 355-0624 or by email.