



Date: _____

Name of organization applying for grant _____

Mailing address (street, city, zip code) _____

Physical address if different _____

Contact name _____ Contact title _____

Contact phone number _____ Contact e-mail address _____

Year organization began operation _____ Tax I.D. # _____

Tell us about your organization and your mission. (Use more paper if necessary.)

Title of project for which you are requesting funding _____

Amount of money requested _____

Describe project. Include requested funding and an itemized list of costs. (Use more paper if necessary.)

Attach a copy of your letter stating your exempt status, and mail to:

Margaret Beelard Community Foundation, P.O. Box 5301, Vacaville, CA 95696

Or email this PDF form and letter to: info@MargaretBeelardFoundation.org