



Internal Use Only

Grant # _____

Date Received _____

Grant Request Form 2016-2017

Eligible to apply:

- Parent/Guardian of a child with special needs who lives in Monterey County or attends a program and/or school located in Monterey County.
- Professionals (teachers, occupational therapists, program directors and others) working with children with special needs located in Monterey County.

[If this request is for more than one educator and/or professional, please list ALL names]

Name of Requestor: _____ Business/School Tax ID#: _____

Name of Child (if applicable): _____ Social Security # (parent): _____

Family Name/School Name & District/Program Name: _____

Mailing Address: _____

City, State & Zip code: _____

Personal E-mail: _____

Work phone #: _____ Cell Phone #: _____

Home phone #: _____ ****Note: You must include ALL contact methods**

- List items in order of priority.
- Group items that must be used together by using brackets, { }, in margins.
- Request no more than 7 line items, less is better. Limited to 1 vendor, 2 at most.
- Consumable items other than copy paper, printer ink and laminating pouches/sheets will not be granted.
- Costs for shipping and tax MUST be included, If none, write "None" in the space.

Qty	Item # and Description	Unit \$	Total \$
	Shipping/Handling		
	Tax		
	Total		\$

- Use of requested item(s) must have measurable results. A follow-up survey to quantify measurable results will be sent at a later date for completion of grant processes.

You **MUST** follow all instructions completely or your request will not be considered. continued on page 2



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- Include any literature or pictures of the item(s) requested (this is mandatory).
- Include any additional information to assist the SCFC Discretionary Committee to understand the use and importance of the item(s) requested, the more detail the better.
- If item(s) must be brand specific, please explain why. If you are not explicit, a like item may be substituted based on cost and/or availability.
- Answer all questions as completely as possible to better assist SCFC in the review process.

1. How will the item(s) listed assist you and benefit the child(ren)? _____

2. How many children will benefit from these items? _____

3. What are the ages of the child(ren) who will use these items? _____

4. Describe the disability of the child(ren) with whom you work. _____

5. Have you requested, received funding or received requested item(s) through any other agency within the past 12 months? If yes, what have you received and what is the reason that you need the additional item(s)? _____

Signature: _____ Date: _____

(Name and contact number of person who assisted in completing this form [if applicable]: _____)

- Please email completed Grant Request Form to: 1stvp@salinascircle.org
- Alternate method: fax to: 831.424.4761 (Do not send more than 1 copy.)

If you know a family with a child in need please give them a copy of this form or have them visit our website at www.salinascircle.org for more information.

Grant Recipient names will be used in Press Releases, Salinas Circle literature and on our website.
If you do not want your name listed please initial here: _____

Salinas Circle for Children

P. O. Box 2064 Salinas CA 93902

www.salinascircle.org 831.424.7232 contact@salinascircle.org

You MUST follow all instructions completely or your request will not be considered.
Non-Profit 501 (c) (3) Tax ID# 94-2609350