



Grant Request Form  
Spring 2019  
DEADLINE: April 12, 2019

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 email: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

(NOTE: PLEASE 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.

Quantity	Item Number and Description	Unit Price	Total Amount
	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.

- Please include any literature or pictures of the item(s) requested (this is mandatory).
- Please include any additional information to assist the Salinas Circle for Children (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.
- Please 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)?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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- Please email completed Grant Request Form to: [president@salinascircle.org](mailto:president@salinascircle.org)
- Alternate method: fax to to the attention of Michelle Ferrasci @ 831-754-4392. (Please 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 [SalinasCircle.org](http://SalinasCircle.org) for more information.

Salinas Circle for Children hopes to complete each grant cycle within 60 days from grant deadline, but this is not guaranteed. If you have any questions or need assistance, call Vickie Casacca @ 831-915-6253. If you can only fax, please send it to the attention of Michelle Ferrasci @ 831-754-4392.

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  
[SalinasCircle.org](http://SalinasCircle.org) 831.424.7232 [contact@salinascircle.org](mailto:contact@salinascircle.org)  
PLEASE follow all instructions completely or the request will not be considered.  
Non-Profit 501 (C) (3) Tax ID# 94-2609350