C.M. CAPITAL FOUNDATION

GRANT APPLICATION – SHORT FORM

(For Grant Requests Less Than \$1,000)

1.	Organization Name:	Date:
2.	Address:	
3.	City:	State:ZIP
4.	Contact Person & Title:	
5.	Phone #	E-Mail Address:
6.	Date of Incorporation:	
7.	Tax ID Number:	
8.	Amount Requested:	Total Agency Budget:
9.	For entire organization: Fund Rais budget	sing Costs \$ % of total
	Administ	rative Costs \$ % of total budget
10.	Projected next years operating budget for entire organization \$	
11.	Type of request:	
	General/Operating support	Fellowships/Scholarships
	Capital Endowment	Research
	Program Development	Other
12.	Principal Sources of Support:	
	% United Way	%Earned Income
	% Government Contracts	% Individual Contributors
	% Foundations/Corporation	.S
13.	Have you received previous funding from the C.M. Capital Foundation?	
14.	Date of last grant you received from the C.M. Capital Foundation:	
15.	Are the majority of your constituents/clients in the San Francisco Bay Area of California? Yes No	
	If "No" Indicate geographical area	a your organization serves
You n	nay submit answers to the following question	on a separate sheet of paper if you need more room:

16. Purpose of your request: What will the grant funds be used for? Why is it needed? Who will benefit and how many people will be served?

Please enclose the following information with this application:

501(c)(3) determination letter: The Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. An applicant must have obtained a **501(c)(3) determination letter** prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or legal opinion certifying that the applicant is a public charity as described in Internal Revenue Code Section 509 (a) (1), (2) or (3).

Please complete this Grant Application as thoroughly as possible. Incomplete Grant Applications may not be considered or may be returned.

Please return Completed application by the dates set forth in the Grant Guidelines to:

Elizabeth Hammack Executive Director C.M. Capital Foundation 525 University Avenue, Suite 1400 Palo Alto, California 94301 or

<u>liz@BrainTrustBoard.com</u>