

**Valley Kid's Foundation, Inc. Community Grant Application**

Name of Organization \_\_\_\_\_

Address Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website \_\_\_\_\_

Organization Director \_\_\_\_\_

Phone Number \_\_\_\_\_

Organization contact for grant \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

501(c)3 statement Please attach if applicable.

What is the purpose/mission of your organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What amount are you requesting from Valley Kid's Foundation?  
\_\_\_\_\_

Who will benefit from the Valley Kid's Foundation grant?  
\_\_\_\_\_  
\_\_\_\_\_

What geographic area do you serve?  
\_\_\_\_\_

Where do you get your funding?  
\_\_\_\_\_  
\_\_\_\_\_

Who are your members (Board of Directors)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have paid employees?  
If yes, please state position,  
and salary.

|                 |               |
|-----------------|---------------|
| _____ YES       | _____ NO      |
| <u>Position</u> | <u>Salary</u> |
| _____           |               |
| _____           |               |
| _____           |               |

What else can you tell us about  
your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the names of other  
groups or individuals that might  
benefit from an association with  
Valley Kid's Foundation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consent

Valley Kid's Foundation is authorized to use the name and  
photographic images of the organization related to the  
benefit received.

The organization agrees to provide Valley Kid's  
Foundation with copies of their tax return(s) upon request.\*

TERMS AGREED TO

\_\_\_\_\_  
(Signature of Authorized Organization Representative)

Date

\_\_\_\_\_

**Valley Kid's Foundation Decision**

Amount \$ \_\_\_\_\_

**Approved**

**Not Approved**

\* Please provide copies of your federal tax returns for the last two years and return with this application.