



ACTIVE 20-30 CLUB #100 OF CHICO
PROJECTS AND CHARITY
APPLICATION FOR FINANCIAL ASSISTANCE

DATE: _____

OFFICIAL CHARITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON(S): _____

TITLE(S): _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

Have you received assistance from any Active 20-30 Club in the past? (Yes) _____ (No) _____

If yes, indicate date: _____

If yes, please answer A through D

a. When was the last assistance received? (mm/yr) _____

b. Which Active 20-30 Club provided the funding? _____

c. What was the funding used for? _____

d. The amount of funding? _____

Type of Organization (please check one):

Individual Partnership Corporation Government Other

What is your taxpayer LD. Number?

Are you registered as a Non-Profit Organization? (Yes) _____ (No) _____

If yes, which Internal Revenue Service Code?

How did you hear about Active 20-30 Club #100 of Chico?

Please briefly describe your organization - i.e. What it does, who it benefits, which age groups it serves, location of facilities, where funding is traditionally derived. (attach separate page if necessary)

The amount you are requesting: \$ _____

Please describe your request and the specific purpose for the funds:

Please return completed application along with a copy of your budget for consideration by FAX or mail to:

Chico Active 20-30 Club

PO Box 6274

Chico, CA 95927

Or Contact one of the following

NAME		
ADDRESS		
PHONE		
FAX		
EMAIL		