



2021 NON-PROFIT APPLICATION

NAME OF ORGANIZATION _____

PHYSICAL ADDRESS OF ORGANIZATION _____

MAILING ADDRESS OF ORGANIZATION _____

PROGRAM DIRECTOR _____

GRANT WRITER _____

TELEPHONE NUMBER _____ FAX _____ E-MAIL _____

By my signature below, I certify that the information contained in this application and any documents submitted in support of my application is true, accurate, and complete to the best of my knowledge.

Signature

Date

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. GIVE A BRIEF HISTORY OF YOUR ORGANIZATION AND ITS MISSION.

2. BRIEFLY DESCRIBE THE PROJECT/PROGRAM FOR WHICH YOU ARE REQUESTING FUNDING.

3. WHAT IS THE SPECIFIC AMOUNT OF YOUR REQUEST?

4. WHAT IMPACT WILL YOUR PROJECT/PROGRAM HAVE ON THE COUNTY IN WHICH IT IS LOCATED?

5. HOW WILL YOU (AND WE) KNOW WHETHER OR NOT YOUR PROJECT/ PROGRAM IS SUCCESSFUL?

6. LIST ANY FUNDING, SPONSORSHIPS OR GRANTS RECEIVED FROM THUNDER VALLEY CASINO.

ARE YOU PLANNING TO APPLY FOR FUNDING FROM THUNDER VALLEY CASINO?

7. HAS YOUR ORGANIZATION/PROGRAM EVER RECEIVED A UAIC GRANT? _____

IF YES, PLEASE LIST THE YEARS AND AMOUNTS RECEIVED AND A BRIEF DESCRIPTION OF WHAT THE GRANT WAS USED FOR.

8. HOW DID THE GRANT AFFECT THE RESIDENTS OF PLACER OR NEVADA COUNTY?

9. IF THIS IS A REQUEST FOR PARTICIPATION IN A CAPITAL CAMPAIGN:

- i. WHAT IS THE TOTAL GOAL OF THE CAMPAIGN?
- ii. WHAT IS THE DURATION OF THE CAMPAIGN?
- iii. HOW MUCH HAS CURRENTLY BEEN RAISED?
- iv. PLEASE PROVIDE A LIST OF MAJOR DONORS WITH THE AMOUNTS PLEDGED OR GIVEN.

DEADLINE TO SUBMIT APPLICATION IS SEPTEMBER 15, 2021