

Legacy San Jose Alviso Youth Foundation  
408-539-2113  
E-mail: [contactus@legacyalvisoyouth.org](mailto:contactus@legacyalvisoyouth.org)

**APPLICATION FOR GRANT**

Date submitted: \_\_\_\_\_

<b>Legal name of organization:</b>	<b>Contact person:</b>
<b>Address:</b>	<b>Title:</b>
<b>City/Zipcode:</b>	<b>Telephone:</b>
<b>Telephone:</b>	<b>E-mail:</b>
<b>FAX:</b>	<b><u>Financial Information:</u></b>
<b>Website:</b>	<b>Fiscal Year:</b>
<b>Executive Director:</b>	<b>Amount requested:</b>
<b>Program title:</b>	<b>TOTAL budget for this program:</b>
<b>Program dates:</b>	

Are you a 501(c)(3) organization? \_\_\_\_\_ Please provide a copy of the Section 501(c)(3) IRS Determination Letter.

Brief Description of Your Organization: when established, mission statement, scope of services, areas served. (Information must be limited to the space on this form, in 12-point type.)

Program Description. Briefly include: purpose, overall objectives, intended outcomes, activities, target population, age range, number to be served, plans for evaluation, and how Legacy San Jose Alviso Foundation funds will be used, if granted. Information must be limited to one page, in 12-point type. Attach a proposed program budget on a separate page.