Disabled American Veterans California Rehabilitation Foundation Inc. 13733 E. Rosecrans Avenue Santa Fe Springs, California 90670 Telephone (562) 404-3815

Application for Grant

1.	Name of Organization:				
	Federal Tax ID#:Date:				
	Address:				
	City: Zip Code:				
	Telephone: Fax:				
	Contact Person: Title:				
	Director (if different from contact):				
2.	Amount of request:				
	Period grant would cover:				
	Type of request:				
	General Support Capital Expense				
	Start-up Funds Technical Assistance				
	Project Funding Other:				
	a. Total project cost (if the request is for funds other than general operating support)				
	b. Complete for Project/Program funds only.				
	How much is being requested for the project?				
	What percent is the request of the project cost?				
3.	hat is the current operating budget for the organization?				
	Fiscal year begins:				

4.	4. Provide a summary statement of the mission of the organization:				
	a.	 Provide a general description of your organization. Inclu discussion of your accomplishments, the purpose of the and geographic areas served, and the leadership structu board). 	programs, population		
	b. Provide a description of the request for funds. If this is a request for general support, no further explanation is required. If this is for program support, discuss the project and the need for project in the community. Cite any outsid research that supports your need statement.				
Signature of Applicant Date					
*Please return completed application to the address on the front page.					

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