



THE ACTIVE 20-30 CLUB OF SACRAMENTO No.1
PROJECTS & CHARITIES
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? _____
- d. The amount of funding? _____
- c. What was the funding used for? _____

Type of Organization (please check one):

_____ Individual _____ Partnership _____ Corporation _____ Government _____ Other

What is your taxpayer I.D. Number? _____

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

Note: Typically the organization must be registered as a non-profit to receive funds from Active 20-30.

If yes, which Internal Revenue Service Code? _____

**Active 20-30 Club, Sacramento #1
Projects & Charities - Application for Financial Assistance**

How did you hear about Active 20-30 Club #1 of Sacramento?

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. What other ways/projects could our organizations partner? *(attach separate page if necessary)*

Please describe your project - a specific purpose for the funds. Include projected costs and other funding. A detailed budget for this project may be appropriate. Also attach your organizations past and current yearly budgets if they are available. Highlight the line items affected by this project.

The amount you are requesting: \$ _____

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

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1510 Woodland Oaks Way
Sacramento, CA 95833
Phone : (916) 968-4800
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