



**CITY OF SANTA CLARITA
COMMUNITY SERVICES GRANT PROGRAM
FISCAL YEAR 2006-07**

GRANT APPLICATION

Title and Certification

Name of Applicant Organization _____

Is your organization a: 501c.3 Government Agency School

Address _____

Contact Person _____

Telephone _____ Fax _____

E-mail Address _____

Organization's Tax ID Number _____

Proposed Project Title _____

Priority Focus Area: Beautification Cultural Arts Healthy Programs

Project Location _____

Total Project Cost _____ Grant Amount Requested _____

Does your organization carry General Liability and Workers' Compensation Insurance?

Yes Expiration Date _____ No

Has your organization received funding in the past? Yes Year _____ No

The rating committee may take this information into consideration.

THE FRIDAY, OCTOBER 20, 2006, 5:00 P.M. DEADLINE WILL BE STRICTLY ENFORCED.

To the best of my knowledge, the data and information in this application is true and correct, and I am authorized to file this application on behalf of the organization.

Name of Grant Applicant's Representative _____

Signature _____ Date _____

Title _____