**CAPITOL NETWORK**   
GRANT ORGANIZATION CONTACT FORM

*A non-partisan organization of government relations, legislative and Administration professionals*

**Capitol Network Charitable Giving Application**

**Postmark Deadline: September 7, 2018**

Thank you for your interest in a Capitol Network charitable grant! Given the high volume of applications received, incomplete applications (including those that are not submitted with the required number of copies) and those that exceed four pages in length may not be considered by the Charity Committee. Please submit the following, postmarked by the deadline noted above, to:

  Amber King  
 Capitol Network  
 c/o Association of California Healthcare Districts  
 1215 K Street, Suite 2005, Sacramento, CA 95814

**Or email to: Amber King at** [**amber.king@achd.org**](mailto:amber.king@achd.org)

**ONE COPY** of Grant Organization Contact Form

* **ONE COPY** of the grant application
* **ONE COPY** of a letter of nomination and recommendation from a member of the CA Legislature or Capitol Network
* **ONE COPY** of the organization’s non-profit filing with the CA Attorney General’s office

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-profit ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your organization received a previous grant from Capitol Network and if so, when?**\_\_\_\_\_\_\_\_\_\_\_\_

*Note: 2017 grant recipients are NOT eligible in 2018*

**Contact Person & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone & Fax Numbers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAPITOL NETWORK**

GRANT APPLICATION

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Provide detailed answers to the following questions. Limit responses to a total of four pages maximum.

* Describe the mission of your organization.
* How does your organization serve women and/or children, specifically.
* How will the funds be used? Please be as specific as possible, including a detailed budget.
* Demonstrate results your organization has achieved.
* Describe a successful program/project completed in the last two years.
* What is the annual income of your organization?
* Include a current list of your Board of Directors
* Identify source(s) of income:
  + Ticket sales or other fees
  + Membership and individual contributions
  + United Way or other public charities
  + Corporate donations (specify)
  + Government (specify)
  + Foundations (specify)
  + Other