

Clayton Business & Community Association

P.O. Box 436
Clayton, CA 94517
(925) 672-2272

REQUEST FOR CONTRIBUTION TO OTHER COMMUNITY NON-PROFIT ORGANIZATION

Date _____

Requesting Organization _____

Address _____

Non-Profit Number: (State) _____ **(Federal)** _____

Contact Name _____ **Phone** _____

Amount Requested _____

Requesting Organization:

How long has your organization been in existence and what is your organizational purpose? _____

What territory do you serve? _____

How many members do you have? _____

What are your funding sources? _____

What percentage of your organization's funding is used for administrative/promotional purposes?

This donation request:

What is the purpose of this donation request? _____

If this request is for a particular project, what is the total estimated cost of the project? _____

What other sources of funding have you applied for and obtained for this project? _____

Please set forth a list of past CBCA contributions (maximum 5 years) _____

Other: Are there services your group could perform in support of CBCA projects? _____
