

Legacy San Jose Alviso Youth Foundation

408-263-2384

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APPLICATION FOR GRANT

Legal name of organization:	Contact person/Title:
Address:	Email:
Phone:	Financial Information:
Website:	Amount Request:
Program Name:	TOTAL budget for this program:
Program Dates:	

Are you a 501(c)(3) organization?

Please provide a copy of your 501(c)(3) IRS determination letter.

Briefly describe your organization: when established, mission statement, scope of services, areas served.

Describe your program, please include purpose, objectives, intended outcomes, activities, target population, age, numbers to be served, plans for evaluation and how Legacy Alviso funds will be used. Information must be limited to one page. Attach a proposed program budget on a separate page.