

Sacramento Area Tennis Association

3308 El Camino Avenue · Suite 300, #168 · Sacramento, California 95821



GRANT APPLICATION

APPLICANT INFORMATION

NAME OF ORGANIZATION: _____		
CONTACT PERSON: _____	TITLE: _____	
CONTACT PERSON PHONE: (W) _____	(C) _____	
EMAIL ADDRESS: _____		
IS THIS ORGANIZATION A NON-PROFIT ORGANIZATION (501C- 3 status)?	Yes	No
AMOUNT OF GRANT DESIRED: \$ _____	TOTAL BUDGET: \$ _____	
GRANT MONEY IS NEEDED BY THIS DATE: _____		

PROJECT INFORMATION

PROJECT NAME: _____		
PROJECT START DATE: _____	PROJECT END DATE: _____	
PROJECT LEADER: _____	PHONE: _____	
IMPACTED AGE GROUP: _____		
ESTIMATED NUMBER OF PARTICIPANTS/IMPACTED PERSONS: _____		
IS YOUR ORGANIZATION REQUESTING VOLUNTEER ASSISTANCE FROM SATA IN ADDITION TO THE GRANT MONEY?		
	Yes	No
IF 'yes', HOW MANY VOLUNTEERS? _____	NUMBER OF MANHOURS: _____	
OTHER PERTINENT INFORMATION: _____		

Submitted By: _____	Date: _____
<small>Please Print</small>	
Signature: _____	Title: _____

PROJECT NARRATIVE: *(Attach separate sheet of paper if necessary)*

1. A brief statement of what services your organization provides to the community.

2. A brief statement of your organization's goals and objectives with the grant money.