



## Gilroy Assistance League Grant Application

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Grant Writer:** \_\_\_\_\_

**Contact Person (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year Agency established:** \_\_\_\_\_

**Number of individuals being served:** \_\_\_\_\_

**Grant request amount:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**Please describe the purpose of your request, how the funds will be used and who will benefit. If available, attach specifications and/or photos of any equipment involved.**

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**Due: February 26, 2018**

Mail to: Gilroy Assistance League c/o Gina Anderson  
777 First Street PMB 274  
Gilroy, CA 95020