



Gilroy Assistance League Grant Request Proposal

Date: _____

Agency: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ E-mail: _____

Year agency established: _____

Number of individuals to be served: _____

Is this a first-time request? _____

If the answer is no; have you applied for this same grant in the past? _____

Grant request amount: _____

Make check payable to: _____

Have you applied to another agency for this request? If yes, please state to whom and for how much.

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.

Due 02.25.19

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