

**Vistas for Children, Inc.
2008 Grant Application**

ORGANIZATION INFORMATION

Name of Organization: _____

Address: _____

City, State, Zip: _____

Organization's Web Address: _____

Organization's Federal Tax ID #: _____

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Contact's E-mail Address: _____

How long has Organization operated? _____

Purpose or Mission of Organization:

FUNDING REQUEST

Amount of Grant Organization is requesting: \$ _____

How was this amount derived? _____

Please explain in detail exactly what your organization plans to do with the proposed grant funds: (If necessary, please attach separate sheet) _____

Approximately how many children would this funding assist? _____

Would you be interested in a public presentation of funds? _____

FINANCIAL INFORMATION

What is the Organization's tax status? _____

Does the Organization receive funding from other sources? If yes, please state: _____

Number of Salaried Members: _____

Number of Volunteer Members: _____

What is the Organization's total annual budget? \$_____

*Attach a copy of last year's budget and, if applicable, a copy of organization's 501(C) 3 Form.

Please submit this application with all information requested no later than April 18th to:

Vistas for Children
P.O. Box 7000-251
Redondo Beach, CA 90277
Attn: Grant Application 2008

******Vistas will disburse all grants after July 1st******