



601 Carmen Drive  
Camarillo, CA 93010  
[www.cityofcamarillo.org](http://www.cityofcamarillo.org)

## REQUEST FOR FUNDING

*The Camarillo Council on Aging is committed to improving the quality of life for senior residents in the greater Camarillo area by providing information, activities and advocacy. Any grant funding provided by the Camarillo Council on Aging shall be used to further CCOA's commitment by improving the lives of the seniors in the greater Camarillo area.*

*The Camarillo Council on Aging welcomes your proposal for funding a community service project. Please complete this application and certification form, and submit either by, or by email to [camarillcouncilonaging@gmail.com](mailto:camarillcouncilonaging@gmail.com). Requests are reviewed for funding on a quarterly basis. Proposals should be submitted no later than January 1, April 1, July 1, or October 1. Questions may be addressed via email at the above address. Only one grant per agency per fiscal year will be awarded commencing July 1<sup>st</sup> and finishing June 30<sup>th</sup>. No more than \$1,000 will be awarded per request. We will not consider applications from any agency more often than every two years.*

DATE OF REQUEST \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRIMARY CONTACT NAME/TITLE \_\_\_\_\_

INCORPORATED AS A 501(c)(3):  YES  NO IF YES, TAX I.D.# \_\_\_\_\_

Please briefly describe your proposed project. Please indicated how Camarillo area seniors will benefit from this program/project (Please provide detail and specific examples of benefits, i.e. how is quality of life improved.)

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Number of unduplicated residents to be served with proposed funding: \_\_\_\_\_

Include detailed explanation of methodology used to make calculation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total budget for this program/service/project: \$ \_\_\_\_\_

FUNDING AMOUNT REQUESTED FROM THE CAMARILLO COUNCIL ON AGING: \$ \_\_\_\_\_

DO YOU ANTICIPATE RECEIVING ASSISTANCE FOR THIS PROGRAM/SERVICE/PROJECT (Financial Or Otherwise) FROM ANOTHER SOURCE: \_\_\_ YES \_\_\_ NO (If yes, please describe below or attach separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS: Please include a mission statement and most recent fiscal year-end financial statements (Balance Sheet and Income Statement preferred).

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## CERTIFICATION

I certify that the aforementioned and enclosed information is complete and accurate.

Name \_\_\_\_\_ Signature \_\_\_\_\_

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*OFFICE USE ONLY*

APPROVED

DENIED

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Chair, Board of Directors CCOA