



601 Carmen Drive
Camarillo, CA 93010
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. 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 1st and finishing June 30th. 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.)

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).

CERTIFICATION

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

Name _____ Signature _____

OFFICE USE ONLY

APPROVED

DENIED

Comments _____

Date: _____

Amount: \$ _____

Print Name _____ Signature _____

Chair, Board of Directors CCOA