



CITY OF RANCHO SANTA MARGARITA
REQUEST FOR FUNDING APPLICATION
COMMUNITY-BASED ORGANIZATIONS

FUNDING INFORMATION	
NAME OF ORGANIZATION:	CONTACT PERSON:
STREET ADDRESS:	CITY, STATE, ZIP:
TELEPHONE:	EMAIL ADDRESS AND/OR WEBSITE:
AMOUNT REQUESTED: \$	DATE FUNDING NEEDED:
DESCRIPTION OF PROJECT/EVENT (INCLUDE START DATE):	
ORGANIZATIONAL INFORMATION	
NATURE OF ORGANIZATION:	
GEOGRAPHIC AREA(S) SERVED:	YEAR FOUNDED:
NUMBER OF PAID STAFF:	NUMBER OF VOLUNTEERS:
ANNUAL BUDGET: \$	
(PLEASE INCLUDE A COPY OF YOUR MOST RECENT TREASURER'S REPORT OR FINANCIAL STATEMENT)	
IS THIS ORGANIZATION INCORPORATED IN CALIFORNIA AS A NON-PROFIT ORGANIZATION? IF YES, DATE OF INCORPORATION AS A NON-PROFIT:	

RETURN TO: City of Rancho Santa Margarita Finance Department
22112 El Paseo, Rancho Santa Margarita, CA 92688
Phone: (949) 635-1800 Fax: (949) 635-1840

PLEASE INDICATE HOW THE MONEY ALLOCATED WILL BE USED BY YOUR ORGANIZATION:
IF THE FUNDS WILL BE USED FOR A SPECIFIC EVENT, PROVIDE A DETAILED DESCRIPTION OF THE EVENT.

BRIEFLY DESCRIBE THE GOALS AND OBJECTIVES OF YOUR ORGANIZATION (MISSION STATEMENT) AND
THE MAJOR COMMUNITY SERVICES IT PROVIDES:

**WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION
IS TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE.**

Signature of Individual Preparing Form: Title & Date

Signature of Authorized Agent/Officer: Title & Date

Name of Organization

Address, City, State & Zip

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