



Grant Application

GENERAL INFORMATION

Person Requesting Grant

Contact Person: _____

Beneficiary Group or individual: _____

Amount Requested: _____ Tax ID Number (if applicable): _____

Mailing Address:

City: _____ State: _____ Zip: _____

Phone Number (with area code): _____

Email Address: _____

IF APPROVED:

Who should check be made out to? _____

Mailing Address of grant recipient:

Mailing Address: _____

City: _____ State: _____ Zip: _____

PROJECT INFORMATION

Project/Event Name: _____

Event Date: _____

Description of Event: *(attach add'l pages if necessary)*

Have you sought other sources of funding? Yes No

If yes, please explain: _____



ADDITIONAL INFORMATION

Are you, or any member of your group, current members of IBCA? Yes No

Have you recently supported any of the IBCA Fundraisers? (Raffles, Fireworks, Golf Tournament, Mixers)

Yes No

If yes, please explain in what way: _____

The IBCA sponsors community events year-round and needs volunteer to help with various tasks that my last 2-6 hours on any given day. Are you or members of your group willing to volunteer for future IBCA community events? Yes No

Name of person who can contact volunteers:

Name: _____ Phone: _____

(Attach additional sheet with name & phone numbers for potential volunteers)

❖ **Priority will be given based upon:**

- IBCA membership
- Financial need of the applicant;
- Value to the Ione area and its residents;
- Efforts to self-finance project;
- Willingness to provide volunteers during IBCA-sponsored community events

❖ **Grant Rules:**

- Applications are limited to one per year per project;
- Applications may be submitted at any time;
- Applications are reviewed on a quarterly basis. Recipients will be notified upon approval. Please submit requests well in advance of your event. *Please explain if time constraints should be considered.*
- Requests must be on this IBCA Grant Application form and mailed to:

IBCA
PO Box 637
Ione, CA 95640