



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Lone Business and Community Association**  
**Supporting Business Building Community**

**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 lone 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**  
**lone, CA 95640**