

SAN JOSE WATER COMPANY
APPLICATION FOR COMMUNITY INVESTMENT FUNDING

Organization Information:

Organization Name: _____

Legal name registered with IRS: (if different) _____

Other name organization is known as: _____

Address: _____

General Phone number: _____ General Fax number: _____

General E-mail address: _____

Website URL: _____

Tell us about the organization:

Organization's primary focus area:

Arts & Culture

Education & Youth Enrichment

Health & Human Services

Other

Organization's annual budget: (for the current year) _____

Federal employer identification number (EIN): _____

Is the organization a 501(c)(3) charitable non-profit organization? _____

If your organization is not a 501 (c)(3) non-profit, what status is your organization?

501c(4) 501c(6) 509a(1) Other

If other, please explain: _____

Contact Information:

Executive Director or Chief Executive of Organization:

_____	_____	_____
First Name	Last Name	Title
_____	_____	_____
Phone Number	E-mail address	

Contact person submitting this grant request:

_____	_____	_____
First Name	Last Name	Title
_____	_____	_____
Phone Number	E-mail address	

Who are your Board Members?

1. _____ _____ _____
 First Name Last Name Title/Organization
2. _____ _____ _____
 First Name Last Name Title/Organization
3. _____ _____ _____
 First Name Last Name Title/Organization
4. _____ _____ _____
 First Name Last Name Title/Organization
5. _____ _____ _____
 First Name Last Name Title/Organization

- 6. _____ _____ _____
 First Name Last Name Title/Organization

- 7. _____ _____ _____
 First Name Last Name Title/Organization

- 8. _____ _____ _____
 First Name Last Name Title/Organization

- 9. _____ _____ _____
 First Name Last Name Title/Organization

- 10. _____ _____ _____
 First Name Last Name Title/Organization

If more than 10, please attach.

Funding Request:

Date of this request: _____ Amount you are requesting: _____

Funding would cover period beginning: _____ Ending: _____

Is this request to support a specific event? _____

Event name or title: _____

Event description: _____

Budget for event: _____

Project or program title that the requested funding will support: _____

Project or program description: _____

Continue on next page

Budget for program/project: _____

Funding to support the following area:

- | | |
|--|---|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education & Youth Enrichment |
| <input type="checkbox"/> Health & Human Services | <input type="checkbox"/> Other |

Gender primarily benefiting from funding:

- | | | |
|---------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Both |
|---------------------------------|-------------------------------|-------------------------------|

Age group primarily benefiting from funding:

- | | |
|---|--|
| <input type="checkbox"/> All adults (18+) | <input type="checkbox"/> Youth (under 18) |
| <input type="checkbox"/> Senior (65+) | <input type="checkbox"/> General population (all ages) |

Ethnic group primarily benefiting from funding:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> All or multiple ethnicities |
| <input type="checkbox"/> Other | |

Describe the areas that will be served by the funding and the geographic location (County): _____

Describe the need, objectives and any relevant research that supports the effort: _____

Describe the promotional activities you plan to build awareness of your program, project or event:

Describe your strategy for expanding financial support of the program, project, or event to avoid over-dependence on single funding sourcing: _____

Please provide the organization's total revenue received from the last fiscal year: _____

Please provide the organization's total spend to deliver programs from the last fiscal year:

Please provide the organization's total spend on administrative costs from the last fiscal year:

Please provide the cost per dollar raised from the last fiscal year: _____

Please include your organization's Non-Discrimination and/or Diversity and Inclusion Policies along with this application.

Should you wish to include additional information for your request, feel free to attach documentation to this application.

Signature

IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR MOST RECENT AUDITED FINANCIAL STATEMENTS.

Return application and documentation to communityinvestment@sjwater.com or to:

San Jose Water Company
Community Investment Committee
c/o Liann Walborsky
110 W. Taylor Street
San Jose, CA 95110