

Sonoma County Medical Association Alliance Foundation

(501c3 non-profit organization) Tax ID #02-0542304

P.O. Box 1388, Santa Rosa, CA 95402

Phone: (707) 537-1031 E-mail: alliance@scmaa.org Website: scmaa.org

Grant Application Cover Sheet

Deadline: November 21, 2008

APPLICANT ORGANIZATION:

WEBSITE:

ADDRESS:

CITY ST ZIP

CONTACT PERSON:

TITLE:

OFFICE PHONE:

FAX:

EMAIL ADDRESS:

PROJECT TITLE:

AMOUNT OF FUNDS REQUESTED:

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SPECIFY PROGRAM COSTS:

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CONTACT SIGNATURE:

DATE SUBMITTED:

SEND THIS FORM ALONG WITH SUPPORTING GRANT APPLICATION INFORMATION TO:

**SCMA ALLIANCE FOUNDATION
GRANT REVIEW COMMITTEE
ANN HURD, CHAIR
P.O. BOX 1388
SANTA ROSA, CA 95402**

OFFICE USE ONLY:

_____ Date Recd _____ Appl complete