

**SAN CLEMENTE OCEAN FESTIVAL  
FUNDING REQUEST**

DATE OF REQUEST: \_\_\_\_\_

Name of organization/Contact Name: \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip code*

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Purpose of organization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year organization established \_\_\_\_\_ Geographical area covered \_\_\_\_\_  
Amount of grant requested \_\_\_\_\_ Contact person \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

How would the funding be used? **(Please be specific)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A COMPLETE BUDGET FOR THIS PROGRAM, INCLUDING ALL  
SOURCES OF INCOME.**

Number of people served with this program \_\_\_\_\_  
How are additional funds raised/provided for? \_\_\_\_\_  
\_\_\_\_\_

Major donors \_\_\_\_\_  
\_\_\_\_\_

Number of volunteers \_\_\_\_\_ per \_\_\_\_\_  
Number of employees \_\_\_\_\_