

**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 funding 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 _____