

# Wild Rivers Community Foundation

## 2017 Holiday Partnership

**DEADLINE:**

**OCTOBER 31, 2017 BY 5:00 P.M.**

Wild Rivers Community Foundation

990 Front Street

Crescent City, CA 95531

Phone: (707) 465.1238 | Fax: (707) 465.1209

**smilunich@wildriverscf.org**

PLEASE SUBMIT ONLY **ONE** APPLICATION PER ORGANIZATION

Name of Organization: \_\_\_\_\_

Program Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Executive Officer: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Does your organization have tax exemption?  Yes  No Tax ID # \_\_\_\_\_

Name of agency/organization holding tax-exemption: \_\_\_\_\_

(if other than the applicant)

**APPLICATION  
MUST BE DELIVERED TO  
WILD RIVERS COMMUNITY FOUNDATION  
BY  
5:00 P.M. OCTOBER 31st, 2017**

*For Office Use Only:*

Program Officer: _____	Committee: _____	Fund ID: _____					
Review Date: _____	Action: _____	Profile #: _____					
Amount: _____		Grant #: _____					
		Batch #: _____					
Program Area:	ANML	COMC	CULT	ENV	HEAL	TA	YUTH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please supply all of the information requested below in the space provided or feel free to attach any information you have that will help us understand your program (narrative, flyer, budget etc.).**

1. Description of your 2017 holiday program and how would the Holiday Partnership Grant be used:

2. Projected date(s), hours and location of your 2017 holiday program:

3. Do you have or will you seek funding for this program from other sources or in-kind contributions?  
If so, from whom and how much?

Funding or In-Kind Source	Baskets Amount	Meals Amount	Clothing Amount	Toys Amount	Other Amount
<b>TOTAL</b>					

4. Total number of **Del Norte County** and/or **Curry County** residents *anticipated* in **2017**:

**Del Norte County**

**Curry County**

<i>Children:</i> <i>(0-5):</i>	
<i>Children:</i> <i>(6-12)</i>	
<i>Youth:</i> <i>(13-18)</i>	
<i>Adults:</i>	
<i>Seniors:</i> <i>(60+)</i>	
<b>TOTAL</b>	

<i>Children:</i> <i>(0-5):</i>	
<i>Children:</i> <i>(6-12)</i>	
<i>Youth:</i> <i>(13-18)</i>	
<i>Adults:</i>	
<i>Seniors:</i> <i>(60+)</i>	
<b>TOTAL</b>	

5. Please indicate how many of each item you expect to distribute:

	<b>Families</b>	<b>Adults</b>	<b>Youth</b>	<b>Children</b>
<b>Clothing</b>				
<b>Food Baskets</b>				
<b>Meals</b>				
<b>Toys</b>				
<b>Other</b>				

(Please Describe)

6. If you received funding from the Wild Rivers Community Foundation for a previous holiday program, please explain how the grant funds were used: