



# Salinas Circle for Children

P.O. Box 2064 • Salinas • CA • 93902

831/424-7232

## Grant Request Form

*Eligibility: Child must be a Monterey County resident, or attend a program and/or school located in Monterey County. Professionals (ie: teachers, occupational therapists, program directors and others) working with Special Needs Children at a school located in Monterey County are also encouraged to apply.*

*\*\*\*If this request is for more than one educator and/or professional, please list ALL names\*\*\**

Name: \_\_\_\_\_ Business/School Tax ID # \_\_\_\_\_  
Family? S.S.N. # \_\_\_\_\_

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

School Name & District: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

For a better understanding of your requests, please list items in order of need and importance. Group items together which need to be used together. These would be items that if not used together would not benefit your program (ie: printer with no USB cord, or digital camera with no memory card.) Use brackets ( ) in margins to indicate a group of items.

Qty	Item # and Description	Unit \$	Total \$
<b>Total Amount Requested</b>			<b>\$</b>

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Visit us online at [www.SalinasCircleforChildren.org](http://www.SalinasCircleforChildren.org)  
or contact us at [salinascircle@aol.com](mailto:salinascircle@aol.com)



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*Please include any literature or pictures of the items requested, as well as answering the following questions to better assist us in the review process. Include any additional information to help us to understand the use and importance of the specific items requested. If an item must be brand-specific, please explain. Otherwise, a like item may be substituted based on cost and/or availability.*

1) How will the items listed assist you and benefit the child(ren)?

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2) How many children will benefit from these items? \_\_\_\_\_

3) What are the ages of the child(ren)? \_\_\_\_\_

4) Please describe the disability of the child(ren) with whom you work.

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5) Within the past 12 months, have you requested or received funding for these items through another agency? Yes / No. If yes, what amount, will you or have you received?

\$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to: *Salinas Circle for Children*  
*Attn: Discretionary Committee*  
*PO Box 2064*  
*Salinas, CA 93902*

*All Grant Recipient's names will be used in Press Releases, Salinas Circle for Children literature and on our Website. Should you not want your name listed, please initial here: \_\_\_\_\_*

*Please Note: If you know of a family with a child in need, please do not hesitate to copy this form or visit our website at [www.SalinasCircleforChildren.org](http://www.SalinasCircleforChildren.org)*

Visit us online at [www.SalinasCircleforChildren.org](http://www.SalinasCircleforChildren.org)  
or contact us at [salinascircle@aol.com](mailto:salinascircle@aol.com)