

**SAVE MART CARES**  
**Application for Funding - 2 Pages**

**DATE:**

**NAME OF ORGANIZATION**

**501(c)(3) Number**

**ADDRESS (city, state, zip code)**

**PHONE #**

**E-MAIL ADDRESS**

**EXECUTIVE DIRECTOR**

**CONTACT PERSON**

**\$ AMOUNT REQUESTED:**

**PROGRAM TITLE:**

**PROGRAM WILL BEGIN:**

**END:**

**DESCRIBE THE COMMUNITY NEED FOR THIS PROGRAM:**

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**DESCRIBE THE RESOURCES / COSTS NEEDED FOR THIS PROGRAM - e.g., Staff, Volunteers, Materials, Equipment, etc. PLEASE ATTACH A BUDGET:**

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**SUMMARIZE THE ACTIVITIES - Targeted Participants, Locations, Hours of Service, etc.:**

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**OUTPUTS - How Many Participants Will Be Served, How Often:**

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**EXPECTED OUTCOMES: Describe Expected Changes in Participants, e.g., New Skills, Changed Behavior, Attitude, Health, etc.:**

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**MEASUREMENT: How You Will Measure, Interpret, or Evaluate Your Expected Outcomes:**

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**PLEASE FORWARD ALL FUNDING REQUESTS TO:**

**SAVE MART CARES  
ATTN: CHIEF FINANCIAL OFFICER  
P.O. BOX 4278  
MODESTO, CA 95352**