



**Soroptimist International of North San Mateo County
Service Fund Application**

Project Name: _____ Date: _____

Organization: _____ Program Head: _____

Address, City: _____

Website: _____ Phone: _____

Contact Person: _____ Email: _____

Amount of Funds Requested: _____

Is your organization a 501 (C) (3)? Yes [] Please Provide # _____

No []

Description of project and how it improves lives of women and girls (100 words or less):

Project budget, how will funds be used and when are funds needed:

If requested funding is received do you have plans to continue the project in subsequent years? Yes [] No []

Return application and additional information about your organization/project to:

Service Fund Committee
Soroptimist International of North San Mateo County
P.O. Box 5554
South San Francisco, Ca 94083-5554

Or email to: sinorthsanmateocounty@soroptimist.net

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Approved Amount: _____ Check No./Date: _____ Letter & Report Form Sent: _____