

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

Project Name: _____ Date _____

Organization: _____ Program Head _____

Address, City _____

Website _____

Contact Person _____

Phone _____ Email _____

Amount of Funds Requested: \$ _____

Is your organization a 501 (c) (3)? Yes [] 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 you receive the requested funding this year, do you have plans to continue the project in subsequent years? Yes [] No []

Return application (and additional info about organization/ project if available) to:

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

Or email to: info@soroptimistnorthsanmateocounty.org

For examples of past funded programs and projects, visit our website:
<http://www.soroptimistnorthsanmateocounty.org>