

The PROVIDENT SAVINGS BANK CHARITABLE FOUNDATION, INC

REQUEST FOR FUNDING

Date _____ Organization _____

Organization Director _____

Total Budget of Organization \$ _____ Amount Requested \$ _____

Contact Person for This Request _____

Address _____ City & Zip _____

Telephone _____ E-Mail _____ Website _____

** PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY **

1. Describe your organization.
2. Specify the need or problem for which you are seeking funds.
3. Explain how the funds will be used.
4. List your line-item budget for this specific project. Indicate how your organization will spend the amount you have requested from the Provident Savings Bank Charitable Foundation.
5. Specify your goals and how you will measure them. (Please describe your units of service and how many you will provide with the grant.)
6. List other funding sources for this project (not for your overall agency budget) and amounts received or anticipated.
7. Explain how you will pay for this project after the grant is spent. Is this a one-time expense?

DEADLINE FOR APPLICATION- June 1 or December 1, annually

NOTIFICATION OF AWARD - June or December, following Foundation Board meeting

Please forward your completed Request for Funding to:

**Craig Blunden, COB
PROVIDENT SAVINGS BANK CHARITABLE FOUNDATION, INC
3756 Central Avenue
Riverside, CA 92506**

Direct questions to: Craig Blunden, 951-782-6188 or cblunden@myprovident.com