



Grant Request Form

Date _____

Name and Address of Organization

Website _____

Contact Name: _____

Phone: _____ Cell _____

Email Address _____

Mission Statement

Board of Directors

Patricia Newman, Chair

J. Douglas Donenfeld, JD

Vice Chair

Walter Clark, JD, Secretary

Charles Riach, Treasurer

Leslie Giesemann, MD

Joseph Iantorno, EdD

Stephen Lind, JD, LLM

Christopher Pyle, CPA

Martin Serna

Thomas Tokheim

Diane Valenzuela

Amount of Request: \$ _____

Project Name or Description: _____

Duration of Project for which Grant is being requested:

____/____ to ____/____

What is total cost or budget for project? \$ _____

Who will benefit from this project? _____

What is the main goal of this project for which Grant funds will be used?:

If other organizations will be participating in this project, please list:

NOTE: Please limit responses to this page. The following documentation must be included with this form and delivered or sent via U.S. Mail to the above address:

IRS 501(c)(3) letter of determination attached: _____ initial

Board of Director's list with affiliations attached: _____ initial

Most recent IRS 990 attached: _____ initial

Board financial policies attached: _____ initial

CVWF Director recommending Grant: _____

Coachella Valley Wellness Foundation supports and promotes good health
in the Coachella Valley and surrounding areas