



**SOROPTIMIST INTERNATIONAL OF METROPOLITAN SACRAMENTO
COMMUNITY ASSISTANCE FUND APPLICATION**

(You may complete this form electronically and email or use hard copy and snail mail)

Date of Application _____ Date Funds Needed _____

Name of Organization _____ Tax ID _____

Street Address _____ City _____ State _____ ZIP _____

Name and Title of Organization Contact _____

Contact Phone Number _____ Contact Email _____

Soroptimist Member Contact _____

Funding Request Amount: \$ _____ Total Project Cost: \$ _____

Previous SIMS Funding (if applicable): Year _____ Amount: \$ _____

SIMS offers funding opportunities for local organizations serving primarily women and children. For consideration, request must target a specific new or ongoing project and be tied to supporting specific numbers of individuals, materials or supplies, etc. We are unable to consider ongoing operating expenses, such as utilities, salaries, etc.

Describe the project for which funds are being requested (who will benefit and number, nature of project, when project started)

Specify Use of Soroptimist Funds, Including # People Served or Materials Purchased, etc. _____

Other Sources and Amount of Funding to Date _____

Briefly describe your organization

Years of operation _____

Types of Services _____

Population(s) served _____ Numbers served annually _____

Annual budget _____

How do you select people you serve? _____

What are your primary sources of ongoing funding? _____

INSTRUCTIONS

- Applications are considered for funding from September through May
- Please submit proof of 501 (C) (3) status or other legal documentation
- For Requests of \$1000 or more, provide the local chapter or affiliate's most recent financial statement or Form 990
- Send completed application and attachments, marked "Fund Request", to:

SIMS Community Assistance Fund
P.O. Box 163238
Sacramento, CA 95816
EMAIL: simsweb@sacmetrosoroptimist.org

Questions about the application or process may be emailed to CAF at simsweb@sacmetrosoroptimist.org