



## GRANT SUMMARY

Please return to:

Pfaffinger Foundation  
420 East Third Street, Suite 1010  
Los Angeles, CA 90013

Organization/Project:

Address:

Contact:

Title:

Phone:

E-Mail:

Organization Description (Please limit to 100 words)

Project Description (if applicable) (Please limit to 100 words)

Other organizations supporting this project:

Total organizational budget	Total project budget (if applicable)	Amount requested
Current year \$ _____	\$ _____	\$ _____

Please attach the following:

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Proof of tax-exempt status | <input type="checkbox"/> Audited financial report | <input type="checkbox"/> Organizational budget for current & up-coming fiscal years | <input type="checkbox"/> Project budget | <input type="checkbox"/> Current supporting organizations & amount of support |
|---|---|---|---|---|

Make check payable to: \_\_\_\_\_