



SOUTHWEST HEALTHCARE DISTRICT
PO Box 717, Frazier Park, CA 93225 (661) 289-2297
southwesthcd@gmail.com | www.swhcd.org

Request for Grant Funding

Note: All requests must be made by non-profit organizations residing within the SWHCD Boundary. Please attach a detailed list of items to be purchased and/or a written proposal.

Organization Name: _____ Date: _____

Organization Address: _____

Authorized Representative: _____

Title: _____ Contact Phone Number: _____

Amount Requested: _____ Non-Profit EIN: _____

Funding Purpose: _____

For Office Use Only

Date Received:	Approved: Yes _____ No _____
Date Approved:	Vote:

Please return this form by mail, email, or in person at a noticed meeting