

D. Application

1. Organization Information	
a. Primary Organization Information (Required) – Complete all fields:	
Project Name:	Primary Organization Name:
Primary Organization Address (Street Address, City, State, Zip):	
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
b. Secondary Organization Information (If partnering with another organization, complete all fields):	
Secondary Organization Name (If applicable):	Secondary Organization Full Address (If applicable):
Secondary Organization Contact Name (If applicable):	Secondary Organization Contact Title (If applicable):
2. Proof of Formal Organization	
a. Select <u>one</u> of the options below and attach the required documentation (if applicable). Applications without the required documentation attached may be delayed or denied if not corrected. a. Proof of formal organization may be provided for either the primary or secondary organization. <i>Please only provide proof of formal organization for one organization.</i>	
Are you providing proof of formal organization for the primary or secondary organization (select one)?	Primary Secondary
Option (select one):	Required Field or Attachment (Only complete requirement for chosen option):
State or Federal Tax ID Number	Enter State or Federal Tax ID Number:
Articles of Incorporation	Attach Copy of Articles of Incorporation
501(c) determination letter	Attach copy of 501(c) determination letter
Registry of Charitable Trust Number (CA Department of Justice)	Enter Registry of Charitable Trust Number:
California Business Registration Number (CA Secretary of State)	Enter CA Business Registration Number:
Other	Attach "Other" documents for review
3. Project Description	
a. Project Description – Complete all fields:	
Area Clean-up Event Will Occur (include boundary streets for all four directions):	
b. Type of Materials to be Collected (select all that apply):	
Garbage	Mixed Recyclables (ie: glass, metal, CRV plastics, dry paper/cardboard)
Green Waste	Other (if selected, please explain)

c. Proposed Date of Event (must be a minimum of 30 days after application date):			
Date (mm/dd/yyyy):			
d. Disposal Option (select one):			
Waste Hauler		Dump Coupon(s)	
4. Certification			
I hereby certify that I have read and understand all information, eligibility requirements, and terms of the City of Sacramento Neighborhood Community Clean-up Grant Program.			
I hereby certify that all information contained within this form is true and accurate to the best of my knowledge.			
I certify the organization will retain all documentation supporting this request. This includes, if applicable, all eligible expense receipts.			
Signature of Applicant (Primary Organization):	Signer's Printed Name:	Signer's Title:	Date:
Signature of Applicant (Secondary Organization*):	Signer's Printed Name:	Signer's Title:	Date:

*Signature for secondary applicant is required if a secondary organization is listed on application.