



CHARITY GRANT APPLICATION PURPOSE & ELIGIBILITY

The Wa Sung Community Service Club of Oakland, pursuant to its goals, ideas and By-laws, dedicates itself to increased service to the Oakland - East Bay Asian Community, and declares as its primary purpose:

- * Fostering understanding among all people of our community;
- * Encouraging the recognition and preservation of the ethnic and cultural diversity of our community;
- * Seeking to establish a community in which every person is encouraged to reach his or her highest potential;
- * Assisting the greater Oakland - East Bay to become a community in which all residents work together in a climate of creative cooperation and peace.

Accordingly, this Club shall devote the majority of its service and donations to:

- * Developing a membership of Asian community leaders committed to the foregoing purposes;
- * Implementing programs to aid Asian youth in obtaining academic and vocational education and employment;
- * Implementing programs to aid in improving Asian community relations and understanding;
- * Supporting Asian cultural and Asian recreational activities.

To help you determine if your organization is eligible for a grant from the Wa Sung Community Service Club, please respond to the following list of statements:

- Yes No Your programs service the Greater East Bay Asian community.
- Yes No You are NOT: a private foundation, an individual, a political organization, an organization having unlawful employment practices or discriminatory service practice.
- Yes No You are NOT an organization for profit.
- Yes No Your request is NOT to cover administrative costs.

If you answered YES to all four of the previous statements, you may proceed with the application by printing a hard copy, fill it out and mail to the Wa Sung Community Service Club.

If you answered NO to any of the previous statements, your organization is not eligible for grant support from the Wa Sung Community Service Club.

Thank you for your interest in the Wa Sung Community Service Club.



Wa Sung Community Service Club
 Providing Community & Educational Services since 1953

Wa Sung Community Service Club Charity Grant Request Application

Please complete this form in its entirety. Incomplete forms may not be processed.

A. Organization/Applicant's Information?

Date _____

Organization/Applicant's Name: _____

Name of Activity/Event: _____

Address: _____
Street City State Zip

Contact Name: _____ Contact Title: _____

Organization Phone Number: _____ Contact's Direct Line: _____

Fax Number: _____ Email: _____

URL Address: _____

1. Are you a nonprofit agency or organization? Yes No

2. Please check one category that best describes the primary service your organization provides:

- | | |
|---|--|
| <input type="checkbox"/> Health & Human Services | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Education & Literacy | <input type="checkbox"/> Animal Rights/Welfare |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Technology/Computer Literacy | <input type="checkbox"/> Other _____ |

You may further define your area of focus here: _____

3. List the geographic area that is the focus of the service/support you provide: _____

4. Does your organization target any of the following populations? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> At-Risk Students/Youth | <input type="checkbox"/> People Living in Poverty |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> People with Severe Life-threatening condition |
| <input type="checkbox"/> General Population | <input type="checkbox"/> Victims of Abuse |
| <input type="checkbox"/> Minorities | <input type="checkbox"/> Other _____ |

5. In one or two sentences, please give an overview of the service your organization provides:

B. When do you Need Our Grant Support?

Our funding calendar is listed below. Please check the quarter in which you would like your request to be considered and submit your request before the funding submission deadline in order to meet the distribution date listed:

<u>Submission Deadline</u>	<u>Distribution Date</u>
<input type="checkbox"/> January 31	<input type="checkbox"/> March 31
<input type="checkbox"/> April 30	<input type="checkbox"/> May 31
<input type="checkbox"/> July 31	<input type="checkbox"/> August 31
<input type="checkbox"/> October 31	<input type="checkbox"/> November 30

Date Received by Wa Sung:

C. Tell us about your request.

1. Description of event/activity: _____

2. Check the amount of grant requested :
- \$1- \$ 250
 \$251- \$ 500
 \$501- \$ 750
 \$751- \$1000

3. Please indicate whether the grant requested will be used for _____ general organization or _____ specific project.

Itemize expenditures, where, and how grant will be spent with approximate date(s).

DATE	EXPENDITURES	PROPOSED BUDGET	REQUESTED FROM WA SUNG
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. List of corporations, foundations and contributors supporting your organization:

D. New or Continued Support?

- 1. Is Wa Sung Community Service Club currently providing support or have we contributed previously? 0 Yes 0 No
- 2. If Yes, please describe donation below and list date and amount that was donated:

E. Attach Additional Information for Any of the Above Questions If Needed.

F. Periodic Reporting Required.

- 1. Wa Sung requires recipients of grants to make periodic narrative reports while the grant is active and a final written report upon completion of the grant or project. It should be sent to : Wa Sung Charity Grant, P.O. Box 1561, Oakland, CA 94604.

G. Sending us your Application.

Checklist: You **MUST** include the following documents with this completed application:

- 1.) Proof of your tax-exempt status.
- 2.) Description of your organization's mission statement.
- 3.) Most recent financial statement.
- 4.) Budget for the current year.
- 5.) List of members of the board of directors or similar governing body.

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the purpose that the donation is requested if the grant is awarded.	
Type/Print Name of Applicant: _____	Title: _____
Signature of Applicant: _____	Date Signed _____

Thank you for taking the time to complete this application. All applications must be submitted in **hard- copy** format in order to be considered a grant.

Please return your completed application to:
Wa Sung Community Service Club Charity Grant Application P.O. Box 1561 Oakland, CA 94604
For any questions call 510- 869-2589