

Soroptimist International of North San Mateo County Service Fund Application

Project Name: _____ Fiscal Year _____
Organization: _____ Director/Manager _____
Address _____ Phone _____
Project Lead _____ Phone _____ Email _____

Amount of Funds Requested: \$

One year project [] Other [] Explain:

Description of Project (100 words or less):

Is this a new project?

Budget &/or How will Funds be Used:

If you receive the requested funding this year, do you have plans to continue the project in subsequent years.

Return to: Service Funds Committee
Soroptimist International of North San Mateo County
P.O. Box 5554
South San Francisco, Ca. 94083

For examples of past funded programs and projects, visit our website:
<http://www.soroptimistnorthsanmateocounty.org>