

| A NAME OF ORGANIZATION | ON . | Application Instructions | | | |
|-----------------------------------|-----------------------------|---|--|--|--|
| | Federal Tax ID Number: | Please type or print out the required information. All applications must be submitted to: | | | |
| _Address | Organization Contact Person | Regional Director | | | |
| | name | JACL Pacific Southwest District 250 E. 1st Street, Suite 303 | | | |
| | address | Los Angeles, CA 90012 | | | |
| | | Anniestien Pendline | | | |
| | email | Application Deadline Applications must be delivered to | | | |
| ,, | | the PSW office 2 weeks before the | | | |
| email | telephone no. | upcoming quarterly district meeting for the Trust Fund Committee to | | | |
| | | review your proposal. A Trust Fund Committee Member will contact | | | |
| B SPONSORING CHAPTER | | you once a decision has been made, usually within a 1 month time span | | | |
| | | after the quarterly district meeting. | | | |
| | | | | | |
| Contact Person: | | | | | |
| Telephone: Em | ail: | | | | |
| PROJECT BACKGROUND | | | | | |
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| Project title and description (50 | U words or less) | | | | |
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Duration of Project:

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| FINANCIAL SECTION | | | |
| lease attach the following: | | Amount Requesting: | |
| Copy of tax exemption letter Current financial statements | | | |
| Budget Worksheet (please use | the excel | | |
| document provided) | | | |
| To PSWDC - JACL Trust Fund: | | Date: | Title: |
| he information presented in this | | Signature: | Organization: |
| nd its attachments are true and o | correct to | Signature. | Organization. |
| he best of our knowledge. | | | |
| he best of our knowledge. | | | |
| he best of our knowledge. | | | |
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| FOR OFFICE USE ONLY | | | |
| | 2. PSW DISTRI | ICT COUNCIL | 3. BOARD OF TRUSTEES |
| FOR OFFICE USE ONLY | 2. PSW DISTRI | ICT COUNCIL | 3. BOARD OF TRUSTEES Date |
| FOR OFFICE USE ONLY | 2. PSW DISTRI | ICT COUNCIL | // |
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| FOR OFFICE USE ONLY STAFF Date | Recomm | ICT COUNCIL nended commended | Date |
| FOR OFFICE USE ONLY STAFF Date Recommended | Recomm | / | Date ☐ Recommended ☐ Not Recommended ☐ |
| FOR OFFICE USE ONLY STAFF Date Recommended Not Recommended Return for additional info | Recomm | commended | Date Recommended |
| FOR OFFICE USE ONLY STAFF Date Recommended Not Recommended Return for additional info | Recomn Not Rec | commended | Recommended Not Recommended Return for additional info |
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