TOWN OF SANTEE

EXTERNAL AGENCY FUNDING APPLICATION

Fiscal Year _____

SECTION I

LEGAL NAME OF ENTITY:	
NAME OF CEO:	
TELEPHONE:	
FAX:	
PHYSICAL ADDRESS:	
<u>-</u>	
MAILING ADDRESS:	
YEAR OF ESTABLISHMENT:	
E-MAIL ADDRESS FOR FUNDING NOTIFICATION/CLARIFICATION: _	
WHAT IS THE PURPOSE OF YOUR ORGANIZATION? :	

LIST THE PROGRAMS YOUR ORGANIZATION WILL OFFER FOR THE UPCOMING BUDGET YEAR	
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TOWN FUNDS

	IOVVIN	IUNDO
PROGRAM (S)	YES	NO