

California Medical Association Alliance

.....Granting support for improvement of California's HEALTH

GRANT APPLICATION (3 COPIES WITH COVER LETTER)

MAIL BY MARCH 30th OF REQUESTING YEAR TO:

CMAA-PO Box 12605, Bakersfield, CA 93389-2605

OR **EMAIL:** cmaa@me.com

NAME OF ALLIANCE (SATE/COUNTY/DISTRICT):

NON-PROFIT TAX I.D. #

CONTACT PERSON:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

DAYTIME _____ EVENING _____

FAX _____ EMAIL _____

PROJECT TITLE:

AMOUNT REQUESTED:

DATE SUBMITTED _____

CMAA-PO Box 12605, Bakersfield, CA 93389-2605

Telephone: 916/551-2028 FAX: 661/328-9372 **Email: cmaa@me.com**

CMAA-a 501(c)3 educational and charitable organization

ALL DONATIONS TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW