

California Medical Association Alliance

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

GRANT APPLICATION COVER LETTER

MAIL BY MAY 30th OF REQUESTING YEAR TO:

CMAA PO Box 12605, Bakersfield, CA 93389 2605 OR Email: grants@cmaalliancenet.org

NAME OF ALLIANCE (STATE/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:209-951-3945 FAX: 661/328-9372 Email: grants@cmaalliancenet.org
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