



**ALTRUSA INTERNATIONAL FOUNDATION OF GOLDEN VALLEY, INC.  
COMMUNITY GRANT APPLICATION**

Greetings and welcome to the 2026-2027 **Altrusa International Foundation of Golden Valley, Inc.** Grant Program. After another year of fundraising and many volunteer hours by all our members, we are proud to once again offer community organizations the opportunity to apply for a grant supporting our mission to ***enrich the lives of those we touch through our commitment to service, education, and literacy.***

A one time grant of up to \$2,000.00 may be applied for. Once a decision has been made by the Foundation Board, you will receive a notification letter by mail. Altrusa grants cannot be used for the following:

- Replacement of deficit funds
- Administrative, staff, travel or hospitality costs
- Trusts of Endowment funds
- Organizations primarily involved in political action, religious purposes, legislation or lobbying

**The attached application letter should not exceed one half page and must be typewritten.**

To qualify you must mail in the original application with the following attached:

1. The completed application
2. Line item budget for the project. Show all anticipated expenses for this project.
3. Complete listing of your Organizations Board of Directors
4. Three (3) letters of support and/or recommendations for the project.

*Submit your application by U.S. mail to the address below:*

Altrusa Foundation Grant Committee

PO BOX 6713

Santa Maria, CA 93456-6713

Applications may also be submitted through [this Google Form](#).

Be sure to attach all of the required documents.

**Applications must be submitted by September 18th or February 12th.**

*The Altrusa International Foundation of Golden Valley, Inc. thanks you for your participation.*

Ann McDaniel, President - [mcdaniela1955@gmail.com](mailto:mcdaniela1955@gmail.com)  
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**ALTRUSA INTERNATIONAL FOUNDATION OF GOLDEN VALLEY, INC.**  
**P.O. Box 6713, Santa Maria, CA. 93456-6713**  
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Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business License #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe the project and criteria to be used to evaluate its success.  
Who will benefit from the project and in what specific ways? What is the amount being requested?  
Provide a clear statement for each specific objective your project proposes to address.