



COMMUNITY GRANT PROCESS & PROCEDURES

Pittsburg Power Company is committed to helping build stronger local communities through the support of events, opportunities and programs that promote and enhance the greater good of the people within those communities.

APPLICATION PROCESS:

1. Applications will be accepted on a continual basis and reviewed on a quarterly basis. (January, April, July, and October)
2. The committee will be selective in granting funds.
3. An application form will normally be required for each request. Some ongoing recipients of grants may not be required to submit a proposal for each grant period but will be asked to provide a request every two years. The Committee will review this procedure each year at their spring meeting. Long standing applicants and new applicants will be given equal consideration in allocation of funds.
4. Requests may be submitted for each quarterly review.
5. The committee will prioritize the approved applications.
6. Factors considered in selecting recipients of the funds include, but are not limited to the following:
 - a. Financial need;
 - b. Value of assistance to the target community;
 - c. Commitment to their goal;
 - d. Consistency with the philosophy and mission of Pittsburg Power Company.
7. Submit completed application and all supporting documentation to:

**Pittsburg Power Company
65 Civic Avenue
Pittsburg, CA 94565
Attn. Kolette Simonton**



OFFICE USE ONLY
DATE REC'D: _____
REC'D BY: _____
APPROVED: ___ YES ___ NO
ISSUED CHECK NO.: _____
DATE: _____

COMMUNITY GRANT APPLICATION

ORGANIZATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

WEBSITE: _____

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM NAME: _____

PROJECT COORDINATOR: _____

CONTACT NUMBER: _____

DATE(S) OF PROJECT/PROGRAM: _____

LOCATION PROJECT/PROGRAM WILL BE HELD: _____

NUMBER OF PEOPLE TO BE SERVED: _____

TOTAL PROJECT/PROGRAM COST: _____

AMOUNT OF FUNDING REQUESTED: _____

This application is for a (check one): NEW PREVIOUSLY FUNDED ONE-TIME PROJECT

Is this application for a (check one): Single Event Ongoing Program

Agency Type (check one): Non-Profit Public Agency For Profit

501(c)3: _____ Tax ID: _____



PROJECT/PROGRAM NAME: _____

1. Provide history, description, and benefit of the project/program.

2. What is the specific timeline for this project/program?