

**ZONTA CLUB OF ST. LOUIS  
COMMUNITY GRANT REQUEST FORM**

Organization \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Primary Target Population of Organization: Women \_\_\_\_ Men \_\_\_\_ Children \_\_\_\_  
Type of Award (monetary and/or hands-on \_\_\_\_\_) Amount \$ \_\_\_\_\_

Type of Request:

- 1) Short-term (less than 1 year) \_\_\_\_\_ Full award given at one time
- 2) Long-term (greater than 1 year) \_\_\_\_\_ Award divided by number of years of request  
Number of years \_\_\_\_\_

- 1. Purpose of Organization:
  
- 2. Reason for Request:
  
- 3. Please state who informed you of this grant.

PLEASE SEND ANY ADDITIONAL PERTINENT INFORMATION (FLIERS, BROCHURES, ETC.) THAT YOU FEEL WILL ASSIST THE GRANT'S COMMITTEE IN THE DECISION MAKING.

Mail to: Zonta Club of St. Louis  
Community Grants Committee  
P.O. Box 170083  
St. Louis, MO 63117  
E-mail: Judy Jensen: [rjensen1@charter.net](mailto:rjensen1@charter.net)  
Phone: 636-240-4587  
Fax: 636-240-4587

**BELOW IS FOR GRANT'S COMMITTEE ONLY - DO NOT COMPLETE.**

Date Received \_\_\_\_\_ Meets Zonta's Goals: Yes \_\_\_\_ No \_\_\_\_  
Date of Review \_\_\_\_\_  
Date of Decision \_\_\_\_\_ Approved \_\_\_\_ Amount \$ \_\_\_\_\_  
Denied \_\_\_\_\_  
Date Notified Treasurer to Send Award \_\_\_\_\_

Reason for  
Decision \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson