

MAYOR CONTRIBUTION REQUEST FORM

Mayor's Office	Contact Person:	Phone:
Grantee Name:		
Grantee Taxpayer ID:	Charitable Trust (CT) #	
Grantee Contact:	Title:	
Phone:	Fax:	
Email:		
Address:		
City: San Jose	State: CA	Zip:
Hand Deliver Check <input type="checkbox"/> Mail Check <input type="checkbox"/> Address for check:		
City	State	Zip
GRANTEE TYPE		
<input type="checkbox"/> Non-profit corporation registered with the State of California <input type="checkbox"/> School District		
<input type="checkbox"/> Unincorporated Association <input type="checkbox"/> City of San José Department		
<input type="checkbox"/> Political Subdivision of the State of California <input type="checkbox"/> Other: _____		
PURPOSE OF THE GRANT		
<i>Note: No Funds Shall be used for religious or political purposes.</i>		
SOURCE OF FUNDS		
<input type="checkbox"/> Mayor's Grant: I understand it will be funded by my Office's appropriation Amount: \$ _____		
Is the Mayor or his/her spouse or domestic partner affiliated with the grantee in any way? (For example, a paid or unpaid member, director, officer, or advisor to the grantee)		
<input type="checkbox"/> No. <input type="checkbox"/> Yes.		
If yes, please explain: _____		
To the best of my knowledge, this request complies with the City Council Expenditure and Reimbursement Policy (CPM # 0-38).		
Dated: _____		
Mayor's Office Signature		

MAYOR CONTRIBUTION REQUEST FORM

Dated: _____

Toni Taber, CMC
City Clerk

FOR OFFICE OF THE CITY CLERK USE

Visible Code: (Number)

Date check received from Finance: _____ Check Number: _____ Distribution date: _____

Is the grantee requesting Council grants from other Council Districts at this time? Yes No

Has the grantee received any other Council grants within the past 12 months? Yes No

Has the grantee received any other City of San José Grants within the past 12 months? Yes No

Revised: 10/19/07