



# Parader's Grant Nomination

Nominee: \_\_\_\_\_  
Name of organization

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date Established: \_\_\_\_\_

Non-Profit: Yes  No  Federal Non-Profit # \_\_\_\_\_

Description Of Services Provided: (use back if more space is needed)

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Submitted By:

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Date of Nomination \_\_\_\_/\_\_\_\_/\_\_\_\_

## MAIL NOMINATION TO:

Parade Chairman c/o CSHA State Office, 1330 W. Robinhood Dr. #D, Stockton, CA  
95207

**NOMINATIONS MUST BE POSTMARKED NO LATER THAN AUGUST 25<sup>th</sup>**