



**CSHA PARADER'S GRANT  
NOMINATION FORM**

I NOMINATE: \_\_\_\_\_  
NAME OF ORGANIZATION

:  
MAILING ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

SYNOPSIS OF SERVICES PROVIDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NON-PROFIT STATUS: NO \_\_\_ YES \_\_\_ NON PROFIT # \_\_\_\_\_

NOMINATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON MAKING NOMINATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAIL NOMINATIONS TO:

Parade Chairman c/o CSHA State Office, P O Box 1228, Clovis, CA 93613

**NOMINATIONS MUST BE POSTMARKED NO LATER THAN AUGUST 25th &  
RECEIVED NO LATER THAN AUGUST 30<sup>th</sup>.**