California Medical Association Alliance

…..Granting support for improvement of California's HEALTH

GRANT APPLICATION COVER LETTER

APPLICATIONS ACCEPTED APRIL 1-JULY 31

CMAA PO Box 12605, Bakersfield, CA 93389 2605 OR Email: grants@cmaalliancenet.org

NAME OF ALLIANCE (STATE/COUNTY/DISTRICT):

_____

NON-PROFIT TAX I.D. #

_____

CONTACT PERSON:

_____

ADDRESS:

_____

CITY/STATE/ZIP:

_____

TELEPHONE:

DAYTIME_____**EVENING**_____

FAX_____**EMAIL**_____

PROJECT TITLE:

_____

AMOUNT REQUESTED:

_____

DATE SUBMITTED_____

CMAA-PO Box 12605, Bakersfield, CA 93389-2605
Telephone:209-951-3945 FAX: 661/328-9372 Email: grants@cmaalliancenet.org
CMAA-a 501(c)3 educational and charitable organization
ALL DONATIONS TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW

Updated 3-21-21