



CCPA Exercise Grant Request for Funds Application

Company Name _____

Address _____

Contact Person _____

Phone _____

Email _____

Program Requesting Funds

Amount Requested \$ _____

What will funds be allocated to or used for?

Program Details

Any Additional Information for Consideration of your request?

Please attach a W9 for tax purposes if your request is over \$600. **We are required to file a 1099.**

Contact CCPA at 805.242.3042 if you have any additional questions.