

OAKMONT NEIGHBORS TOGETHER (ONT) FUND

GRANT REQUEST FORM

Name: _____ Date of Request: _____

Mailing Address: _____

Oakmont resident since: _____

Daytime Telephone: _____

E-mail: _____

Briefly describe the reason for this request:

Provide a copy of the bill/invoice or estimate of cost. Funds will be paid up to \$300 and directly to the vendor or service provider. They will not be issued directly to client.

I certify that all information provided is true and correct.

Signature _____

Return completed form and copy of bill/invoice/estimate to:

Alex Kennett, Information and Resource Specialist
Council on Aging
30 Kawana Springs Road, Santa Rosa, CA 95404

For more information, please contact via:

Telephone: (707) 525-0143 EXT. 102

Fax: (707) 525-0454

Email: akennett@councilonaging.com