



California Homebuilding Foundation®

Scholarship | Research | Education

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GRANT APPLICATION

ASSOCIATION / CONTACT INFORMATION		
ASSOCIATION NAME	CONTACT NAME	
MAILING ADDRESS		
CITY	STATE	ZIP
EMAIL (REQUIRED)	PHONE	

REQUEST INFORMATION	
DATE OF REQUEST	AMOUNT OF REQUEST
CATEGORY OF REQUEST	
<input type="checkbox"/> STATEWIDE <input type="checkbox"/> REGIONAL/LOCAL <input type="checkbox"/> EDUCATION <input type="checkbox"/> INTERNSHIP	

PROJECT INFORMATION (PLEASE ATTACH A SEPARATE SHEET IF NEEDED)	
PROJECT TITLE	
PROJECT SUMMARY	
HOW WILL THE PROJECT HELP YOUR ASSOCIATION?	
WILL THE PROJECT BE HELPFUL TO OTHER AREAS OF THE STATE?	
HOW WILL THE PROJECT IMPACT THE INDUSTRY?	
HOW DO YOU PLAN TO DISSEMINATE INFORMATION ABOUT THIS GRANTING ORGANIZATION SHOULD YOU BE FUNDED?	
EXPLAIN HOW YOUR RESULTS WILL BE MADE AVAILABLE	
PROJECT COMPLETION DATE:	For Office Use Only Request Approved: _____ Amount Approved: _____ Payment Schedule: _____ Approval Signature: _____
BUDGET & TIMELINE:	