

PRESENTATION REQUEST FORM

The Community Foundation for Monterey County – Neighborhood Grants Program
945 S. Main Street | Salinas, CA 93901 | (831) 754-5880 or (831) 754-754-5876 Fax

PART I – PLEASE PROVIDE US WITH YOUR CONTACT INFORMATION:

Person making request: _____ Today's Date: _____
Address: _____
Phone: _____ ext. _____ Fax: _____
Email: _____

PART II – PLEASE PROVIDE US THE FOLLOWING INFORMATION:

Date of Presentation: _____ Room: _____
Location of Presentation: _____ Start Time: _____
End Time: _____
Contact Person: _____ Phone: _____

This presentation is requested in (city):
 Aromas Carmel Campo 21 Castroville Chualar Gonzales
 Greenfield King City Las Lomas Marina Monterey Pajaro
 Prunedale Salinas San Jerardo Seaside Soledad _____

PART III – PLEASE PROVIDE US THE FOLLOWING ADDITIONAL INFORMATION

Estimated total number of participants: _____
Which one(s) below best describes your group? (Check all that apply.)
 Youth (0 – 5 yrs) Youth (6 – 12 yrs) Youth (13-18) Adult & Seniors Citizens
 Neighborhood Assc. Child Care Apartment Complex Farm Labor Camp
 Arts Music Dance Sports Group
 Other _____

What language should the presentation be spoken in?
 English Spanish Bi-lingual Other _____

Total Number of English speakers: _____ Total number of Spanish speakers: _____

What language should handouts be in?
 English Spanish Bi-lingual Other _____

NOTES: _____

PART IV – TO BE FILLED OUT BY THE NEIGHBORHOOD GRANTS PROGRAM

Presentation confirmed on: _____ Confirmed by: _____
Staff member(s) assigned to conduct presentation: _____
Program Officer Signature: _____ Date: _____