

CITY OF SAN JOSE
BeautifySJ Grant Program Cycle 8
Change of Board Member or Grant Contact Form

Date of Submission:	
Group Name:	
Person Submitting This Form:	
Email/Phone:	

Please update any contacts who are changing. If a position is currently vacant, please indicate with the word "Vacant."

BSJ Grant Point of Contact	
Name:	
Mailing Address:	
Email:	
Phone:	

Board President	
Name:	
Address:	
Email:	
Phone:	

Vice President	
Name:	
Address:	
Email:	
Phone:	

Secretary	
Name:	
Address:	
Email:	
Phone:	

Treasurer	
Name:	
Address:	
Email:	
Phone:	