



GRANTEE ORGANIZATION APPLICATION COVER SHEET
To be completed by Grantee Organization and returned to Sponsor

Organization Name: _____

Amount Requested: \$ _____ **Date of Submission:** _____

Type of Request: General Operating Support Special Project Facilities Endowment

Contact Person Name: _____

Contact Person Title: _____

Address: _____

Phone: _____

E-Mail: _____

Website Address: _____

Tax ID: _____

Purpose of Request (no more than twenty-five words):

Geographic Area to be served (if relevant): _____

Client Group to be served (if relevant): _____

Anticipated Project Period: *From:* _____ *To:* _____

Total Project Budget: \$ _____

Total Amount of Pledges to date for this Project: \$ _____

Total Organizational or Department Budget: \$ _____

Total amount of Income: \$ _____

Note to Sponsor: The applicant organization is responsible for completing this form but the Sponsor shares the responsibility for its accuracy and conformity with the body of the application. All pages should be submitted to VWCF by the Sponsor.