



VIRGINIA COMMUNITY FOUNDATION GRANT APPLICATION

Organization Information

Project Title _____

Date Submitted _____

Applicant Organization _____

Address _____

City _____ State _____ Zip _____ County: _____

Contact Person _____ Title _____

Telephone _____ E-mail _____

Organization Website: _____ IRS Federal ID # _____

Is your organization a 501(c)(3)? Yes ___ No ___ If yes, please enclose your IRS designation letter. If no, complete the following section.

Fiscal Agent (if applicant is not a 501(c)(3) non-profit)

Organization _____

Address _____

City _____ State _____ Zip _____ County _____

Contact Person _____ Title _____

IRS Federal ID # _____ Telephone _____

Amount requested: \$ _____ **Number of People served** _____

Project Description

(Use separate sheet if more room is needed.)

1. Describe your project:

(Use this space if you need additional room for your project budget or further description of the project.)