



## Community Grant Application 2017

Name of Individual(s)/Organization Submitting Proposal:

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Provide the full and correct name of the individual(s)/organization that will receive the grant and be responsible for its completion:

First \_\_\_\_\_ Last \_\_\_\_\_

Name, Address, Telephone Number(s) and Email Address of Contact Person:

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A single contact individual who will be chiefly responsible for the grant:

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Title of Project: \_\_\_\_\_

Amount of Funds Requested from the VWC Community Grant Program: \_\_\_\_\_

Briefly describe and summarize what will be purchased if your application is accepted:

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Briefly explain why this grant is needed and/or what specific problems it will address:

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Identify the overall goal(s) and primary objective(s) of the program that will benefit from your grant request:

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Describe how the program that will benefit from your request aligns with the mission and goals of the Valley Women's Club:

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Identify any other source(s) of funding for the purchase/improvement contained in your grant application:

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Budget Summary. List precise amount(s) for repairs, purchases, or other costs covered by your grant application:

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Mail to: Valley Women's Club, PO Box 574, Ben Lomond, CA. 95005.  
Must be postmarked by May 17, 2014, 5pm.