CYCLE 21 GRANT APPLICATION

I. ORGANIZATION INFO	RMATION
Organization:	
Principal Address:	
Mailing Address:	
Total Annual Budget:	\$
Purpose/Services:	
II. ORGANIZATION CON	TACT
Name:	
Title:	
Phone:	
Email:	
III. PROJECT/PROGRAM	DESCRIPTION
Project/Program Title:	
Total Cost:	\$
Grant Amount Requested:	\$ (\$5,000 maximum)
If project will cost more than	the grant amount requested, how will you fund the balance?
	one year of receipt. What is your project timeline?

<u>USE OF FUNDS</u> : Describe the project and how the grant funds will be used. If you are requesting funds to purchase item(s), please include picture/description.
COMMUNITY NEED: What community need will be met?
COMMONITY NEED. What community need will be met?
OUTCOMES: What is your measurement of a successful outcome in using these funds?
SERVICE AREA: Specify the geographical area that will benefit from these grant funds.

IV. GRANT SUBMITTAL AUTHORIZATION

I hereby state that I have the authority of the above stated organization to submit this Grant Application to The Venice Golf and Country Club Foundation, and such application has been created with a clear understanding of the **Grant Guidelines and Principles**. I further state that the above-named organization is a 501(c)(3) nonprofit and have provided a copy of the IRS Letter of Determination.

authorized Signature: _	 	 	
Print Name:	 		
Title:	 		
Date Signed:	 		

V. REQUIREMENTS OF SUBMISSION

The grant application packet must be received no later than **5pm**, **September 30**. **The preferred method of transmittal is email**.

Email: info@vgccfoundation.org

Mail*: VGCC Foundation / Attn: Administrator

250 Venice Golf Club Dr. Venice FL 34292

*If you mail the application, please follow up with an email.

If you have any questions, please send an email to <u>info@vgccfoundation.org</u> or contact Foundation Administrator Sherry Borgsdorf at 941.716.1696.