



**Veterans Club of Solivita
PO Box 581770
Poinciana, FL 34758**

Subject: Veterans Club of Solivita Mini-Grant Program

The Veterans Club of Solivita (VCS) gives grants to organizations that provide food, shelter, clothing, medical care, dental care, training, education, financial aid, employment and similar support to Veterans and their families and to needy people, in communities near Solivita within Polk and Osceola counties including Poinciana, Kissimmee, Haines City and Davenport.

Organizations may request a grant by submitting a VCS Mini Grant application that includes the mission statement of the organization, description of the support it provides and funding it needs. A copy of the form is attached below and also is available on the VCS website at <https://veteransclubofsolivita.com/giving-committee>.

The VCS Giving Committee will review all applications and will submit its recommendations to the VCS Board of Directors for approval.

Grants will be awarded based on the merits of each request and funds available. Applicants will be notified of the results..

John Robinson

John Robinson
Chairperson, VCS Giving Committee
9/15/2022



Veterans Club of Solivita
PO Box 581770
Poinciana, FL 34758

Veterans Club of Solivita
Mini-Grant Program Application

Date _____

Name of Organization _____

Grant Applicant's Name _____

Organization's Address _____

Organization's Phone # _____

Organization's Email Address _____

Organization's Website _____

IRS Tax Exempt Organization Yes/No _____ If yes, Please list EIN # _____

State the mission of the organization, purpose for the grant request and how the grant would be used. _____

Does the organization provide food, shelter, clothing, medical care, dental care, training, education, financial aid, employment or similar support to Veterans and their families in communities near Solivita within Polk and Osceola counties including Poinciana, Kissimmee, Haines City and Davenport? Please describe. _____

Does the organization provide food, shelter, clothing, medical care, dental care, training, education, financial aid, employment or similar support to needy people in communities near Solivita within Polk and Osceola counties including Poinciana, Kissimmee, Haines City and Davenport? Please describe. _____

How long has the organization been providing this type of support? _____

Number of people who would be impacted by the grant. _____

Grant amount requested _____. _____

Date grant is needed. _____

Will any other funding be used in conjunction with this request? If yes, please list sources and amounts. _____

Are there any other clubs in Solivita that are providing support? If so, please give the name of the club and support it provides. _____

What is the average amount received in donations? _____

What is the percentage of income that comes into your organization that goes to those your organization supports compared to administrative and overhead costs? _____

What is the average amount directly given to recipients? _____

Is this an ongoing project? If yes, how will the project be funded in the future? _____

Have you benefited from a previous grant by the Veterans Club of Solivita? If so, when? _____

How will the Veterans Club of Solivita be recognized for the grant? (i.e., publications, signage, social media posts, verbal reference at assemblies or public events, etc.) _____

To help us better understand the mission of your organization and the support it provides, we encourage you to include any supporting materials or documents such as an itemized annual budget, current or prior expenses for program services, any other financial expenses incurred and any information you feel that would be helpful in describing your request.

Grant Applicant's Name & Signature _____
Date _____

Please send completed applications to: Veterans Club of Solivita, ATTN: Giving Committee, PO Box 581770, Poinciana, FL 34758-0023