

GRANT APPLICATION

Please send completed application to:

VCC Attn: Steve Casalenda ReMax Results

748 Grand Avenue

Saint Paul MN 55105

DATE OF APPLICATION _____

NAME OF REQUESTOR _____ Phone _____

ORGANIZATION REQUESTING GRANT 501 (C)3 YES _____ NO _____ If yes attach IRS letter.

ORGANIZATION _____

CONTACT NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____

ZIP _____ EMAIL _____

ORGANIZATION'S URL _____

DESCRIPTION OF GRANT REQUEST

AMOUNT REQUESTED _____

CATEGORY (choose one) - Charitable, Educational, Cultural, Historical _____

Organizations applying must:

- Describe the activity and purpose of the request,
- Describe the financial need related to this request,
- Explain the expected benefit,
- Describe related fund-raising efforts,
- Provide details as to how funds will be applied/used, if granted,
- Attach your organization's summary budget or financial report and/or project budget,
- Attach additional information that may assist the board in evaluating this request.

This information is needed for the VCC board to establish need. Grant funds (whenever possible) will be paid directly to the vendor upon receipt of invoices and billing statements. If grant funds are to be used to purchase products or services, please attach three bids. If bids are not possible, include with this application why this criterion is not being met.

THE AMOUNT REQUESTED MUST BE SUPPORTED BY NEED, OTHER FUNDRAISING, THE BENEFIT ACHIEVED, AND THE VCC GRANT FUNDS AVAILABLE. YOU MAY ADJUST THE AMOUNT REQUESTED AT ANY TIME INCLUDING AT YOUR PRESENTATION TO THE BOARD. FINANCIAL INFORMATION GRANT CATEGORIES: