SOUTH ALABAMA VETERANS COUNCIL
GRANT APPLICATION

Grant Amount: $300–$500

Organization Information

Organization Name: _____

501(c)(3) or 501(c)(19): ☐ Yes ☐ No

Years Serving Veterans: _____

Number of Veterans Served Annually: _____

Funding Request

Amount Requested: _____

Program / Project Name: _____
Brief Description of Program / Project: _____
_____
_____

Impact & Support

How This Program Supports Veterans in South Alabama: _____
_____

Other Donors / Supporters: _____

Past Success Examples
(Short testimony or measurable outcomes)

_____
_____
_____

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Council Presentation Agreement

☐ Our organization agrees to attend an SAVC meeting if requested.

Authorization

Representative Name: _____
Signature: _____ **Date:** _____