



# COMMUNITY ENRICHMENT GRANT REQUEST (2017-2018)

Request # (VCC Use)

**APPLICANT INFORMATION** (\*Required)

DATE (mm/dd/yyyy)

Point of Contact

Title/Position

VCC Member?

Office Location

Preferred Phone

E-mail Address

Mailing Address

CMR

Box

**ORGANIZATION INFORMATION**

Organization Name

Organization Bank Account?

Previous VCC Beneficiary?

**GRANT PROPOSAL** (Provide a detailed description of project/event. Use additional sheets if necessary.)

Event or project will support how many community members?

**RISK STATEMENT** (Briefly describe what will occur if grant is not funded; Include mitigation strategy.)

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**COST ANALYSIS** (Provide a line-item accounting of associated costs. Use additional sheets if necessary).

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**ALTERNATE FUNDING SOURCES** (List fundraising efforts that will support project/event.)

Date	<input type="text"/>	Description
Date	<input type="text"/>	Description
Date	<input type="text"/>	Description
Date	<input type="text"/>	Description

Anticipated Alternate Income

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**FUNDING INFORMATION** (Please be as accurate as possible.)

Total Event Cost	Date of Event	<input type="text"/>
(-) Alternate Funding (above)	Date Funds Required	<input type="text"/>
Amount Requested		

**ACKNOWLEDGMENT**

Proper authorization for each request must be obtained prior to submission. A signature from a commander, deputy, organization president, FRG leader, or principal is required. **NOTE: It is the responsibility of requesting agents/ organizations to confirm legality of accepting grant funds from the Vicenza Community Club.**

Requestor Name

Signature

Approved By (Org. Official)

Signature

**E-MAIL COMPLETED REQUESTS TO: [welfare-ce@vccitaly.org](mailto:welfare-ce@vccitaly.org)**

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**ADMINISTRATION (FOR VCC USE ONLY)**

REQUEST RECEIVED

BOARD REVIEWED?

CEC VOTE TAKEN

REVIEW DATE

DECISION

FUNDS ISSUED

ISSUE METHOD

RECEIPTS RECEIVED?

REFUND REQUIRED?

REFUND RECEIVED

FILE DATE