

**MOUNTAIN STATES CHAPTER PVA
PROGRAM GRANT REQUEST FORM**

Name of Organization or Individual Requesting Funds: _____

Amount Requested: _____ Phone _____

Address: _____ City: _____

State _____ ZIP _____ E-mail: _____

Event: _____ Date(s) of event: _____

Member Type: Full Associate PVA member id: _____

Please write a brief description of the event this grant is being requested for including: what, when and where, and the number of chapter members that would potentially benefit from this grant (if only the grantee, list 1) (Mandatory)

Please attach or write budget showing expenses for the event (if for an individual, list the expenses of participation). Include all in-kind donations, other grants applied for, or contributions received to offset funds requested. Please attach receipts substantiating expenditures requested (Mandatory).

Note: Grants provided to individuals or organizations remain at the sole discretion of Mt. States Chapter BOD. Grant applications are reviewed monthly. Grantees will be notified in writing of the Board of Directors determination.

Individual grants are considered and provided to full or Associate Members in good standing **ONLY!**

Grants considered and provided to organizations will be considered only when program funding is available. Grants awarded to organizations will be provided only after receipts have been received to substantiate the grant request.

Grant post reporting requirement is a determination of the Board of Directors. Should such be required, the grantee(s) will be required to remit a follow-up report.

FOR OFFICE USE ONLY APPROVED: <u>YES</u> <u>NO</u> AMOUNT APPROVED: _____ DATE CHECK ISSUED: _____ DIRECTOR SIGNATURE: _____
