Combat Veterans Motorcycle Association Chapter 20-1

CVMA FL Chapter 20-1 * 1002 E. New Haven Ave, * Melbourne, FL 32901

Application for Grant Funding - Organization

Applicant Name: _____ Organization: _____

Organizational Title (i.e President, Comptroller, Administrator etc): _____

Organization Web Site: _____

Street Address: _____

City: _____ State: ____ Zip: _____ Business Phone: _____

Organization Tax/EIN ID#: _____

List one additional organization point of contact (including phone number): _____

Organization IRS designation: ❑501c3 ❑501c4 ❑501c6 ❑501c19 ❑Other: _____

Grant Amount Requested: ❑$50.00 ❑$100.00 ❑$250.00 ❑$500.00 ❑$1000.00 ❑Other: $_____

What service does your organization provide to Veterans? _____

What percentage of these funds will DIRECTLY benefit veterans? _____

Please explain **in detail** how this grant, if approved, would be used to benefit veterans:

_____

_____

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By signing below, I certify that the information provided is true and accurate to the best of my knowledge. Furthermore, I understand that I receive no guarantee that this Application for Grant Funding from the Florida Combat Veterans Motorcycle Association Chapter 20-1 will be approved.

_____ _____ _____

Signed Print Name Date

*** A copy of the Organizations State or Federal issued business license and Tax ID on a organizational letterhead MUST accompany this application**:

**** Information collected will be safeguarded and only be used for purposes related to this application.**