



APPLICATION FOR FUNDING

NAME: _____

PHONE: _____ EMAIL: _____

AMOUNT OF THE REQUEST: \$ _____

TOTAL AMOUNT OF THE PROJECT IF DIFFERENT FROM THE REQUEST \$ _____

WHAT WILL THE FUNDS BE USED FOR? _____

HOW WILL THIS BENEFIT RESIDENTS/STAFF/COMMUNITY _____

ARE THERE ANY OTHER FUNDING SOURCES? _____

PLEASE PROVIDE DOCUMENTATION OF ESTIMATED COSTS. APPLICATIONS WITHOUT THIS INFORMATION WILL NOT BE CONSIDERED.

SIGNATURE _____ DATE _____

Approved by the Foundation Board Date: _____

Please return to completed form to francavillaj@vantagepointresidences.org