



The Community Foundation of the Virgin Islands (CFVI)

Application: **2012 MINI-GRANT PROGRAM** (grants of \$250-\$1,000)

PLEASE PRINT

1. How many people will participate in the project?

2. Which populations will you serve?

- Children 0-18 Girls
- Adults 19+ Boys
- Seniors 65+ Men
- Women

3. Specify the projected date or time period for this project.

4. How many adult volunteers will help administer the project?

5. How many paid staff will help administer the project?

6. Amount requested
(In a range of \$250 to \$1,000)

For further information contact:

CFVI
P.O. Box 11790
St. Thomas, USVI
00801
774-6031

Fax # 774-3852

Additional applications can be downloaded from our website:
www.cfvi.net

Name of Applicant: _____

Name of Organization: _____

Mailing address: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Person (for group applicants): _____

Title of Project: _____

Description of Project: (Use back of paper as necessary. Please be as detailed as possible, i.e. project location, frequency of meetings, etc.). Relevant literature/documentation may be attached to this application.

What would the grant monies be used to pay for? (Be specific, please)

Explain what measurable results/products you will have to evaluate project's success.

Describe how this project addresses needs of children or families in the USVI.

Provide a detailed budget for your program on the other side of this sheet.

I agree to submit a brief written report and documentation on the use of the grant, at the end of the funding period. I understand that any documentation on the use of the grant, including photos, videos, or CDs sent in with this application and/or with the final report, will become the property of CFVI and can be used by CFVI for promotional purposes.

Signature of Applicant

Date

**Applications must be postmarked or faxed to CFVI no later than:
Thursday, FEBRUARY 29th, 2012**

**Community Foundation of the Virgin Islands
2012 Mini-Grant Application - Pg2**

Make check payable to: _____

If not payable to applicant, provide address and phone number of payee below:

What is your annual organizational budget? \$ _____

What is the budget for this particular program? \$ _____

Please provide a detailed budget for your program (below)

Description of materials or other items	Amount
Grand Total	\$