



**THE COMMUNITY FOUNDATION OF THE VIRGIN ISLANDS
Drury Fund "Community Impact Grant" 2006/07 Application**

NAME OF APPLICANT: _____

(For applications with two or more organizations, please submit a second sheet with contact information for collaborating partner(s). Note that collaborative proposals may request up to \$10,000 in funding.)

PERSON COMPLETING APPLICATION: _____

POSITION/ TITLE: _____ ORGANIZATION: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ HOME or CELL PHONE #: _____

E-MAIL ADDRESS: _____

PROJECT TITLE: _____

1. **AMOUNT REQUESTED** (Not more than \$5,000): _____

2. **AREA(S) of CONCERN TARGETED BY PROJECT:** _____

3. **SPECIFIC NUMBER OF INDIVIDUALS WHO WILL BENEFIT FROM THE PROJECT:** _____

4. **DESCRIBE PROJECT, INCLUDING WHAT WILL THE MONEY BE USED TO PAY FOR?** (Attach a separate sheet. Be as detailed as possible. Relevant literature/ documentation may also be attached to this application.)

5. **TIME PERIOD** (List projected dates or time-period for the project): _____

6. **STAFFING** (How many adults or volunteers will help administer the program?): _____

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 CD's 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)

FURTHER INFORMATION: Available from CFVI, P.O. Box 11790, St. Thomas, USVI 00801, 774-6031.
APPLICATION DEADLINE: Received in the office of CFVI no later than **5 PM, Friday, December 15, 2006.**