

# Carillon Civic Association (CCA) Grant Application

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

Officers of Organization: \_\_\_\_\_

Description of program to be funded (be as specific as possible – if additional space is required please attach additional sheets): \_\_\_\_\_

Total Budget for program: \$ \_\_\_\_\_

Amount requested from CCA: \$ \_\_\_\_\_

Other sources of funds for the program: \_\_\_\_\_

(Please attach an itemized/detailed budget indicating which items will be funded by CCA)

A MEMBER OF THE CARILLON CIVIC ASSN MUST SPONSOR GRANT APPLICATION

Requesting Officer Name: \_\_\_\_\_

Requesting Officer Title: \_\_\_\_\_

Requesting Officer Contact Info: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to CCA Member Sponsor: \_\_\_\_\_

CCA Sponsor Name: \_\_\_\_\_

CCA Sponsor Address: \_\_\_\_\_

CCA Sponsor Contact Info: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Requesting Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCA Sponsor Signature

\_\_\_\_\_  
Date

**APPLICATION SUBMISSIONS MUST BE POSTMARKED BY 05/15/2017**  
**Mail Application, Proof of Non-Profit Status, and Itemized Program Budget to:**  
**Carillon Civic Association, Donations Committee**  
**P.O. Box 7435**  
**Richmond, VA 23221**  
**or email relevant information to [telcca@carilloncivic.org](mailto:telcca@carilloncivic.org)**