



Organization Name:	Website:
Contact Name(s):	Contact Email:
Address:	Phone:
City / Zip Code:	

Program / project title	Number of people served by program or project
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Today's Date:	Date Amount is Needed:	Amount Requested: \$
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What percentage of your grant request will fund program / project total?	%	Are you willing to accept a partial amount of grant request?	Yes	No
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If applicable / who are the other funding sources for this program or project.

Program / project time frame

Describe your proposed program or project, including its purpose and goals.

If preferred, you may attach the answer(s) to any question field.

How will this grant benefit the residents of Villa Park?

Organizational Information

Organization Name:

Is your Organization Tax-Exempt under IRS 501c3 ?

Yes No

If this organization applied for a VPCSF Grant in the past 2 years - briefly detail the past grant(s)

Please list executive board members of your organization

<i>Name</i>	<i>Position on Board</i>

By submitting this application, the undersigned certifies that the information provided is true and accurate to the best of their knowledge. If funding is awarded, the undersigned agrees to use the funds for the purpose described in this application and to submit timely progress reports as requested.

Applicant Signature

Date
