

# GRANT / SPONSORSHIP / DONATION REQUEST APPLICATION FORM

Website: [www.winusvilottery.com](http://www.winusvilottery.com)



## ST. THOMAS

5800 Kronprindsens Gade  
St. Thomas, VI 00802-6916  
(340) 774-2502  
Fax: (340) 776-4730

## ST. CROIX

Sion Farm Shopping Center  
St. Croix, VI 00821  
(340) 778-6360  
Fax: (340) 778-0683

1. DATE OF SUBMISSION: \_\_\_\_\_

2. NAME OF ORGANIZATION: \_\_\_\_\_

3. CONTACT PERSON: \_\_\_\_\_

4. MAILING ADDRESS: \_\_\_\_\_

5. PHYSICAL ADDRESS: \_\_\_\_\_

6. CITY / STATE / ZIP CODE: \_\_\_\_\_

7. PHONE NUMBER: \_\_\_\_\_

8. FAX NUMBER: \_\_\_\_\_

9. E-MAIL: \_\_\_\_\_

12. TYPE OF FUNDING REQUEST  SCIENCE  SPORTS  
 EDUCATIONAL  ART  ASSOCIATION/CLUB  OTHER

13. TITLE OF EVENT: \_\_\_\_\_

14. LOCATION: \_\_\_\_\_ 15. DATE OF EVENT: \_\_\_\_\_

16. PROVIDE A BRIEF DESCRIPTION OF THE PROGRAM/ACTIVITY, THE AMOUNT BEING REQUESTED AND HOW WILL VI LOTTERY BENEFIT FROM THIS INITIATIVE?

### INTERNAL USE ONLY

DATE REVIEWED \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_

EXEC. DIRECTOR'S SIGNATURE \_\_\_\_\_

### 10. APPLICANT STATUS:

- NON-PROFIT  CLUB/ASSOCIATION  
 PRIVATE AGENCY  OTHER

### 11. HAVE YOU OR YOUR ORGANIZATION RECEIVED FUNDING FROM VIL BEFORE?

AMOUNT REQUESTED  AMOUNT RECEIVED

GIVE MONTH AND YEAR OF EVENT:

NOTE: Recipients requesting funding over \$2,500.00 may be required to submit their Social Security Number, Federal Tax ID Number, active business license and organization's 501(c)3 with a Certificate of Good Standing document.

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### 17. SELECT CATEGORY(S) FUNDING WILL BE USED FOR:

- EDUCATIONAL:**
  - WORKSHOPS / LECTURES
  - TRAVEL: OFF ISLAND
  - TOURNAMENTS
  - QUIZ BOWL
  - PROGRAMS: SCIENCE / MATH
  - OTHER (DETAIL IN ITEM 16.)
- SPORTS**
  - BASEBALL/SOFTBALL LEAGUES
  - BASKETBALL
  - FOOTBALL
  - TRACK AND FIELD
  - CRICKET
  - MARTIAL ARTS
  - HEALTH AND FITNESS
  - SOCCER
  - TENNIS
  - SWIMMING
  - HORSE RACING
  - OTHER (DETAIL IN ITEM 16.)
- ARTS**
  - EXHIBIT
  - PERFORMING ARTS
  - CRAFTS: WOODWORK, STONE
  - AUDIO: PRODUCTION / RECORDING / DISTRIBUTION
  - VIDEO: PRODUCTION
  - LITERACY: POETRY / READING PROGRAMS
  - PUBLIC ADS: BOOKLETS, ETC.
- COMMUNITY**
  - CULTURAL / HISTORICAL EVENT
  - CARNIVAL / FESTIVAL
  - AGRICULTURAL FAIR
  - SENIOR CITIZEN EVENT
  - YOUTH ENRICHMENT EVENT

### 18. ITEMIZED BUDGET SUMMARY (PLEASE FILL APPROPRIATE ITEMS.) PLEASE NOT IF FUNDING IS APPROVED YOU MAY BE REQUESTED TO SUBMIT PROOF THAT MONIES WERE USED FOR THEIR APPROVED PURPOSE.

	ITEMIZED COST: (LIST PURPOSE)	AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<b>TOTAL COST:</b>		

NOTE: Completion of this form does not guarantee cost that VIL will fulfill this request. Please **fax your completed form**, along with a cover letter addressed to the Executive Director on your organization's letterhead to (340) 776-4730, attention **DONATION REQUEST APPLICATION**.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date