

C.E.R.V. Grant Application Form

Requester's Name: _____

Date: _____

Requester's Email: _____

Address to Send Grant Payments:

Requester's Phone: _____

Volunteer service hours since last request: _____

Requested Grant Amounts:

Organization (name of non-profit, check is to be made payable to)	Amount	Purpose	Additional Information

Total Requested _____

Do not write below this line.

Determination Date: _____

Approved

Denied

Amount Approved: _____

If denied; why: _____
