

# GRANT / SPONSORSHIP / DONATION REQUEST APPLICATION FORM

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



<b>ST. THOMAS</b> 5800 Kronprindsens Gade St. Thomas, VI 00802-6916 (340) 774-2502 Fax: (340) 776-4730	<b>ST. CROIX (Christiansted)</b> Sunny Isle Shopping Center St. Croix, VI 00821 (340) 778-6360 Fax: (340) 778-0683	<b>ST. CROIX (Frederiksted)</b> 5 Strand Street St. Croix, VI 00840 (340) 772-2025 Fax: (340) 772-4148	<b>ST. JOHN</b> 18-38 Cruz Bay Quarters St. Thomas, VI 00850 (340) 776-6676 Fax: (340) 778-8126
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- 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 NUMER \_\_\_\_\_
- 9. E-MAIL \_\_\_\_\_

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

- 13. TITLE OF EVENT: \_\_\_\_\_
- 14. LOCATION: \_\_\_\_\_
- 15. DATE OF EVENT: \_\_\_\_\_

16. PROVIDE A BRIEF DESCRIPTION OF PROGRAM/ACTIVITY AND WHAT IS VIL'S RETURN ON INVESTMENT (ROI). HOW WILL VIL BENEFIT FROM THIS INITIATIVE?

**INTERNAL USE ONLY**

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

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

AMOUNT APPROVED \_\_\_\_\_

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

10. APPLICANT STATUS:
- INDIVIDUAL     NON-PROFIT     PRIVATE AGENCY  
 CLUB/ASSOCIATION     OTHER

11. HAVE YOU OR YOUR ORGANIZATION RECEIVED FUNDING FROM VIL BEFORE?     YES     NO

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 BOWLS
- 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 NOTE 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 that VIL will fulfill this request. Please fax your completed form, along with a cover letter on your organization's letterhead to (340) 776-4730, attention **DONATION REQUEST**.

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

