



**VIRGIN ISLANDS WASTE MANAGEMENT AUTHORITY
COMMUNITY ENRICHMENT GRANT PROGRAM
APPLICATION FORM**

Organization Information

Legal Name of Organization _____

Physical Address (principal/administrative office) _____

Mailing Address _____

Name of Person Submitting Grant _____

Position of Person Submitting Grant _____

Telephone Number _____ Mobile No. _____ Fax No. _____

E-mail Address _____

Current Annual Operating Budget _____

Is the project currently funded _____ yes _____ no

- Applicant type
- Non profit organization
 - Educational institution
 - Community group
 - School /School group

State the organization's mission and vision for the community

Describe organization's programs and scope of activities in the last year



Project Information

Project Name _____

Purpose of grant (one sentence)

Beginning and ending date of the Project _____

Amount Requested \$ _____ Project total cost \$ _____

Please provide a detailed budget to support Amount Requested (Attach sheets as necessary)

Give full description of the project for which funds are requested (attached sheets as necessary)

Description of area and population to be served

I hereby verify that the information provided herein is accurate and honest to the best of my knowledge, information and belief.

Print name and title of representative	
Signature	