



SUFFOLK CENTER *for cultural arts*

COMMUNITY GRANT APPLICATION

Organization Name: _____ aka NAME: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Date of Application: _____ Application Contact Name: _____

Applicant Contact Phone: _____ Applicant Contact Email: _____

Organization Mission Statement:

Year this organization was founded: _____

Year this organization received 501(c)(3) or other Federal non-for-profit status: _____

Did this organization receive a Suffolk Center community grant last year? Yes No

Project/Program Title: _____

Proposal/event date(s) and detail: _____

How many people are expected to participate: _____

What are the anticipated benefits the projected project/program will provide to the community of Suffolk:

**QUESTIONS? CALL 757-923-0003 | SUBMIT COMPLETED APPLICATION 90 DAYS PRIOR TO EVENT TO:
SUFFOLK CENTER FOR CULTURAL ARTS - COMMUNITY GRANT PROGRAM 110 W. FINNEY
AVENUE, SUFFOLK, VA 23434**