



**GATEWAY GIFTS: MICRO-INVESTMENTS
DONATION REQUEST FORM**

Please use this form to describe your donation request to VB Home Now. Application's will be reviewed at the next scheduled VB Home Now board meeting. An Organization may only submit **one request per calendar year**, and the requested amount may not exceed **\$1,000**. If your organization's request exceeds this threshold we recommend you apply for funding through the annual VB Home Now competitive grant process, for more information please contact or send completed form to Erin Walker at ewalker@vbgov.com

ORGANIZATION INFORMATION:

ORGANIZATION NAME: _____

ORGANIZATION STATUS: 501C3___ Religious___ Other Charitable ___ Other___

(If other, please describe your organization. VB Home Now does not give grants to individuals)

NAME OF REQUESTOR: _____

ADDRESS: _____

CITY/ST/ZIP: _____

TELEPHONE: _____ EMAIL _____

ORGANIZATION'S MISSION:

PROJECT NAME: _____

HOW DOES THIS PROJECT ALIGN WITH VBHOME NOW'S GOAL TO HELP THE NEEDIEST AMONG US _____

DESCRIPTION OF DONATION REQUEST:

Requested Amount: _____ Date of request: _____

Total Project Budget _____ Funds Raised so Far: _____

Please describe what you will use the requested funds for:

How did you learn of this opportunity? _____

REFERENCE CONTACT INFORMATION:

NAME: _____

PHONE/EMAIL: _____

RELATION TO ORGANIZATION: _____

104 N Witchduck Rd | Virginia Beach, VA 23462 | 757-385-5760 | ewalker@vbgov.com
www.VBHomeNow.org