

AVA GRANT Recommendation Form Date received _____

1. Organization being recommended _____

2. Your Name _____

3. Your Contact Info: Phone _____ email _____

4. Main Goal/Focus of Organization _____

5. What do they **do** to reach that goal? _____

6. Who or what most benefits from their work? _____

7. What type of organization is it? Ex. 501(c) (3)? State or County or City?

Volunteer Club? Other: _____

8. Where is the group located? _____

9. Mailing Address, Ph # and/or email plus name of contact person if known

10. What is the purpose of the donation? _____

11. Is there a benefit to AVA to donate to this organization? No Yes... if yes

please explain _____

12. When are funds most needed/helpful?

Spring? Summer? Fall? Winter? Anytime?

13. Other info? _____