

PVAF Grant Initial Request Form

This form is for an initial or pre-approval request for financial assistance from the Pennsylvania Veterans Assistance Fund (PVAF) in accordance with PVAF's Grant Application Policy & Procedures.

REQUESTED BY:

Name: _____ Chapter _____

Address: _____

Telephone: _____ E-Mail: _____

NAME OF PROJECT: _____

DATE OF PROJECT: ____/____/____

TOTAL PROJECT COST (Estimated): \$ _____

GRANT AMOUNT REQUESTED: \$ _____

Brief Description of Project:

ADDITIONAL GRANTS REQUESTED: AMOUNT (Requested or Approved):

Vietnam Veterans of America, Inc. PA State Council \$ _____

Pennsylvania Veterans Assistance Fund \$ _____

Other Organizations \$ _____

PVAF APPROVAL: OR VVPI APPROVAL

PVAF OR VVPI Officer (signature), Title _____ Date _____

FOR PVAF OR VVPI TREASURER:

APPROVED / DENIED AMOUNT: \$ _____ DATE: ____/____/____