



100 North 17th Street, Richmond, VA 23219 804.646.0954 www.enrichmond.org

Application Cover Sheet

Applicant: _____

Contact Name & Title: _____

Address: _____

Phone: _____

Email: _____

Website: _____

REPORTING REQUIRED I have read and understand a final report is a requirement for receiving these program funds. *Initial here*

Funding Area: Project Capital Improvement

Request Amount: _____

Project Budget: _____

Start Date: _____ **End Date:** _____

Project Name or Capital Need: _____

Project Summary: _____

The applicant named above will act as a responsible agent for any funds that might be received through the Richmond Recreational Sports Micro Grant Program and will comply with applicable laws, regulations and policies.

Signature of organization official **Date**

Print organization official **Title**