



SUFFOLK CENTER

for Cultural Arts

Community Grant Application



Organization Name:

aka Name:

Street Address:

City:

Zip Code:

Phone Number:

Fax Number:

E-Mail Address:

Website:

Contact for this Application:

Contact Phone & E-Mail - If different from above:

What is the organization's Mission statement:

What year was the organization founded:

When did the organization receive 501(c)(3) / or other Federal not-for-profit status:

Did you receive a Suffolk Center grant last year:

Project/Program title:

Request Date:

Specific SCCA space requested:

Proposal/event detail:

How many people will participate:

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

***If more space is needed, please attach additional pages. Maximum two (2) pages.
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