



Please Print

Agency/Group Name: _____

Address: _____

County of Agency/Group: _____

Website: _____

Contact Person: _____

Phone: _____ E-Mail: _____

Allocations Request Information:

Exact Amount Requested: \$ _____ (If over \$100, please itemize)

1. Describe, in detail, what the allocation will be used for.

2. Who else have you approached for funding for this project?

Organization Information:

1. Year Founded: _____

2. Mission Statement:

3. What services are provided by your agency/group?

4. How many people does your group serve? Where? What ages benefit?

5. **Budgets:** Please included revenues and expenses/ and Current (year to date) financial statements.

6. **Complete the major sources of income table: (approximate amount of funds from these areas)**

Sources of Income Table

Percentage	Funding Source
	Government grants (federal, state, county, local)
	Government contracts
	Foundations
	Business
	Events (include event sponsorships)
	Individual contributions
	Fees/earned income
	Workplace giving campaigns
	In-kind contributions (optional)
	Other
	TOTAL

***Please note that approved BVS allocation payments are often provided only upon receipt of statements for services or products, rather than in advance. You may wish to take this into account as you plan. Applications must be postmarked no later than December 31, 2022.**

BVS C/O Assistant Treasurer, P.O. Box 33, Bath, OH 44210.