

Policy, Procedures and Criteria for Club Donations/Grants

Purpose: (WAB Board of Directors)

Donations/Grants

The purpose of this document is to serve as a guide for the Board of Directors to determine if the third party seeking the donation/grant has fulfilled the criteria to qualify for a donation/grant as set forth by the club Board of Directors and club policy.

- The Board will review the request in a timely manner and render a decision and inform the application contact person.
- Once the application is approved, the club Treasurer will cut a check for the approved amount and sign off on the application form as noted.
- The application form will be saved as a club record.

Purpose: (Third Parties seeking donations/grants)

The purpose of this document is to outline the criteria and or requirements for third parties, WAB members, non-members, and organizations seeking to request a donation or grant from the club for cycling related events, projects and other.

Third Person(s)Criteria:

- Donations/grants must be related to cycling in our service area, which consists of Williamsburg, James City County, York County, Surry County and Charles City County.
- Third parties seeking donations/grants will submit an application to the club Treasurer for board review and approval.
- The event must be in accordance with our Mission in the WAB constitution: "The mission of the Association shall be to promote and to encourage the use of the bicycle as a means of recreation and transportation; to encourage the development and utilization of facilities for bicycling on public lands; to provide information in the interest of bicycle safety; and to espouse and uphold the rights of bicyclists."

Williamsburg Area Bicyclist Request for Donation/Grant Application

Organization Name: _____

Organization Address: _____

Contact Person: _____

Email: _____

Phone: _____

Date of Application: _____

Amount Requested: _____

Purpose of Request: _____

-----WAB Board Use Only Below this Line-----

Approved By: _____

Denied By/Reason: _____

Date: _____

Date Funded: _____

Check #: _____