



**THE REGAL BOATS FAMILY FUND
Grant Request**

Full Name _____

Date _____

Department _____

Mobile/Home Phone _____ Email _____

List the following regarding the charity for which you are requesting a grant:

Name of Charity: _____

Address of Charity: _____

Charitable Purpose of Charity: _____

Relationship with Charity: _____

Amount: _____

Proposed use of the funds from grant:

I certify that the above is true and correct and authorize the Regal Family Fund to consider my application for a grant.

Applicant Signature

Submission Process

- 1) Complete the application, sign and submit to **Human Resources**
- 2) The Regal Family Fund committee will review your grant request.
- 3) The Regal Family Fund committee will advise you of decision regarding the approval of the grant and amount within 10 business days of request.

For Committee Use Only

Date Received: _____ Denied _____ Reason for Denial _____

Approved _____ Date Submitted for Processing _____ Date Employee Notified _____