

\* Applicant Title –

\* Applicant Phone Number

\* Organization Name

\* Organization Website

\* Organization Type

- ☒ 501(c)3 nonprofit organization
- ☐ City/county behavioral health agency

\* Applicants requesting the opportunity to fundraise check all that apply to verify that your organization meets the following requirements:

- ☒ Registered as a Commonwealth of Virginia Campaign Charity
- ☒ Registered with Virginia State Corporation Commission
- ☒ Registered with Virginia Department of Agriculture and Consumer Service
- ☒ A minimum of 65% of total expenses for our organization is spent on charitable programs (provision of charitable goods or services)
- ☒ No more than 35 % of our organizations expenses are for administration, fundraising and overhead costs

\* My organization's Board/Leadership is aware of and approves this request to fundraise or display educational material.

- ☒ Yes
- ☐ No

**Select Next**

Virginia ABC will only consider applicant requests that meet one or more of the objectives listed below. Please select all that apply.

1. Request for charitable fundraising:

- ☒ Support local charitable organizations that provide goods or services locally
- ☐ Support local chapters of national organizations that provide goods or services locally

2. Request to display educational materials:

- ☐ Increase knowledge of healthy alcohol consumption behaviors
- ☐ Increase knowledge of the responsible use of Virginia ABC products and alcoholic beverages
- ☐ Increase knowledge of harm reduction strategies to inform safe and responsible decisions

\* Please describe the work of your organization and the purpose of your fundraising or educational material display.

**KOVAR is a Virginia Knights of Columbus 501(c)(3) tax exempt charity established in 1971 to provide financial assistance through grants and home loans to tax exempt organizations providing training and assistance to Virginians with intellectual disabilities. The purpose of the fundraiser is to collect donations that will be sent to KOVAR Corporation.**

\* Please list the Virginia ABC store number(s), date(s) and time(s) requested for fundraising or material placement (for example: Store #100: August 15, 2021 3:00-5:00 p.m.):

**For applicants requesting the opportunity to fundraise:**

Please verify that you will: **Select as appropriate**

- ☐ Provide a table not to exceed five foot in length and three feet in width during your event
- ☐ Do not require a table during your event

Since a representative from your organization will be physically present on Virginia ABC premises, upload proof of insurance:

**Upload file**

**For applicants requesting to display educational materials: **N/A****

Date you will drop off materials (Reminder: This must be 7-4 business days before your requested start date and during store business hours):

NucleusCoreComponent\_DateTimePicker\_DateInputLabel\_\_resx

NucleusCoreComponent\_DateTimePicker\_TimeInputLabel\_\_resx

Date you will pick up material (Reminder: This must be within 3 business days of your requested end date or materials will be discarded or donated):

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NucleusCoreComponent\_DateTimePicker\_TimeInputLabel\_\_resx

Please indicate below which type of materials you will be providing (Reminder: You will be responsible for printing, purchasing and providing any of the below listed items):

- ☐ 8 ½ in. x 11 inches or less with acrylic display holder on the counter
- ☐ 8 ½ in. x 11 inches or less to be placed in shopping bags by the cashier
- ☐ 22 in. x 28 inches or less on card stock to be displayed in store as a poster
- ☐ 22 in. x 28 inches or less on foam board to be displayed in store as a poster

Upload a proof of your materials:

**Select Next**

**Read and follow prompts on the next two pages to complete your application.**