



# COMMUNITY GRANT APPLICATION

Name of Organization \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tax Exempt Status with Number: \_\_\_\_\_

Amount of \$ received in previous allocation \$ \_\_\_\_\_ Year \_\_\_\_\_

Summary of program/project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were funds totally expended? \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Plans of how funds will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will this be a one time allocation? \_\_\_\_\_

What and who will benefit from this program/project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further comments you wish to convey to our committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit by July 31 to Nantucket Garden Club, Inc., P O Box 627, Nantucket, MA 02554