



**P.O. Box 605, Cavendish, VT 05142**

## **Grant Application Cover Sheet**

**Legal name of organization applying:** \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_

Contact person/title \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Is this your first application to the Cavendish Community Fund? \_\_\_ Yes \_\_\_ No

If No, please list dates and amounts of previous Cavendish Community Fund support:

**Information about the proposed Program, Project or Event:** (check one)

- Educational program
- Cultural program
- Other (please explain) \_\_\_\_\_

**Total Projected Cost:** \_\_\_\_\_

**Total Grant Amount Requested:** \_\_\_\_\_

**Dates of planned Program, Project or Event:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Responsible for Project Date

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Sponsoring Organization Date

Title: \_\_\_\_\_