



Town of Truro Municipal Grant Application Form

Name of Organization or Group: _____

Name of Contact Person: _____

Address: _____

Phone #: _____ Fax #: _____

Email address: _____

Is your organization incorporated as a non-profit organization? _____

Incorporation #: _____

Financial Statements are included: Yes _____ No _____

1. Are you requesting a cash donation? If yes, how much?

2. What will the funds be used for?

3. What other funding sources has your organization secured for this project/event/
operation?

4. Are you pursuing fundraising opportunities within the community? If so, what is your
organization doing?

5. Demonstrate how your organization's project/event/operations brings significant support and/or economic development the community.

6. Has your organization requested assistance from the Town of Truro in previous years?

Signature of Applicant

Date

Please attach a budget for the upcoming fiscal year or event with your application

Applications must be received by December 31st