

TOWN OF TRURO

Municipal Grant Application Form

| | | | |
|---|---|---------------|--------|
| Name of Organization or Individual | | | |
| Address | | | |
| Phone # | () | Fax # | () |
| Is your organization incorporated as a non-profit organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address | |
| Incorporation No. | Jurisdiction of Incorporation | | |

Are you requesting a cash donation? If yes, how much? \$ _____

What will the funds be used for? _____

If you are not requesting a cash donation, please describe the nature of the grant in kind you are requesting, i.e. rental fee waiver, of which facility, assistance of Municipal staff, which department, date required, etc.

Other additional information pertinent to your application _____

 Signature of applicant

 Date

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