

BED TAX GRANT
APPLICATION

Date_____

Name of Organization_____

Address_____

Phone Number_____

Contact Person _____

Address of Contact Person_____

Phone Number of Contact Person_____

Please Check One Non Profit_____ Government Entity_____

Name of Project_____

Amount Of Grant Requested_____

Local Match Yes _____ No_____ Cash_____ In-Kind _____

Amount of Match \$ _____ (If in kind, need to use separate sheet of paper and have details of the in kind work, labor (a maximum of \$10.00 per hour for labor), etc. and the amount of each detail.)

Have you received this grant prior to this application? _____; if yes, when?_____

Organizations Last Yearly Budget Total?_____ (No Monthly Reports – Total Budget for the Year)

Population to be served by this grant_____

Partnering with any other organization(s)? Yes _____ No _____ Number of _____
\$100.00 Cash _____ \$100.00 In-Kind _____ (a maximum of \$10.00 per hour for labor)

If yes, list by name _____

Objective of Grant _____

Economic Development Potential by obtaining the grant? _____

Supportive Documentation (Please attach to application)

Signature of Chief Executive of Organization _____

If partnering, Signature(s) of Partner Organization _____
