



Small Community Grant

APPLICANT INFORMATION

Municipality: _____

County: _____

Municipal Contact: _____

Telephone: _____

Mailing Address: _____

Email: _____

PROPOSED PROJECT LIST:

	Property Owner(s)	Street Address	Tax Map #	Lot #
1				
2				
3				
4				
5				

ESTIMATED TOTAL GRANT FUNDS REQUESTED: _____

SIGNATURE OF MUNICIPAL OFFICIAL

Print Name: _____

Title: _____

Signature: _____

Date: _____