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| --- |
| Applicant Information |
| Contact Name: |       |       |  | Date: |       |
|  | First | Last |  |
| Phone Numbers: |       |
| Email Address: |       |
|  |
| Grant Request Information |
| Brief Description of Project/Request: |
|  |
|  |
|  |   |
| START DATE: |       | END DATE: |       |
| Lifespan of Supplies Requested (1 Year, 2 Years, etc.) |  |
| How Will You Assess Project/Request Goals during and /or Upon Completion |
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|  |
|  |
| Project Budget (Include all expected costs and other sources of income if relevant)

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Amount You are requesting from The Congdon Park Foundation? |
|  |
| Application Priority If Submitting more than one request (1=1st , 2=2nd, etc.) |

# Congdon Park Foundation Grant Application