COVENTRY TOWN FOUNDATION, INC.

INDIVIDUAL/COMMUNITY GRANT APPLICATION

The Coventry Town Foundation through its grant program ensures community needs are met.

PICK ONE GRANT TYPE: ____ INDIVIDUAL ____ COMMUNITY

NAME: _____

RESIDENTIAL ADDRESS: _____

_____

_____

PHONE: _____ E-MAIL: _____

TOTAL FUNDS NEEDED: _____

AMOUNT REQUESTED FROM CTF: _____

What is the funding needed for? _____

_____

_____

_____

_____

_____

_____

Form Updated: Jan 18, 2022

Funds received from other sources (if any)

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Signature: _____ Date: _____

Please return to: **Coventry Town Foundation**
P.O. Box 46
Coventry, VT 05825

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CTF USE ONLY

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Date Received: _____

APPROVED / DENIED **Date: _____**

Reason (if denied): _____

_____

_____