Thompson Recreation Commission

PO Box 899 815 Riverside Drive
North Grosvenordale, CT 06255
860-923-9440 • Fax 860-923-3836
www.thompsonrec.org

APPLICATION FOR GRANT

Deadline for Submission December 31, 2009

NAME OF ORGANIZATION: _____

Address _____ Town _____ State Zip _____

E-mail Contact Name _____ E-mail Address _____

OFFICERS **NAME** **PHONE**

PRES: _____

V. PRES: _____

SECY: _____

TREAS: _____

GRANT REQUEST: $ _____

BRIEFLY AND SPECIFICALLY DESCRIBE THE PURPOSE FOR WHICH MONEY WILL BE USED:

ESTIMATED PARTICIPATION: THOMPSON RESIDENTS _____ NON-RESIDENTS _____

FEES TO BE COLLECTED: _____

FUND RAISERS PLANNED: _____

PLEASE ATTACH: _____ A COPY OF LAST YEAR'S FINANCIAL STATEMENT
_____ A COPY OF THIS YEARS BUDGET

SIGNATURE _____ DATE _____

TITLE _____

Office Use Only

Amount Recommended by Recreation Commission _____Date_____

Recreation Chairman Signature_____Date_____

Amount Approved at Town Meeting _____Date_____