



Thompson Recreation Commission

PO Box 899 815 Riverside Drive

North Grosvenordale, CT 06255

860-923-9440 • Fax 860-923-7426

www.thompsonrec.org

APPLICATION FOR GRANT

Deadline for Submission December 31

NAME OF ORGANIZATION: _____

Address _____ Town _____ State _____ Zip _____

E-mail Contact Name _____ E-mail Address _____

OFFICERS	NAME	PHONE
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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 _____