



COVENTRY TOWN FOUNDATION, INC.

HOUSEHOLD NEEDS GRANT APPLICATION

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

NAME: _____

RESIDENTIAL ADDRESS: _____

_____ OWN _____ RENT PLEASE MARK WHICH APPLYS.

PHONE: _____ E-MAIL: _____

TOTAL FUNDS NEEDED: _____

AMOUNT REQUESTED FROM CTF: _____

What is the funding needed for? _____

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**

CTF USE ONLY

Date Received: _____

APPROVED / DENIED Date: _____

Reason (if denied): _____