Town of Strasbourg



Operating Grant Application

Date Received:	Use Only Application #:
Amount Received:	Date Approved:
APPLICANT INFORMATION	
Organization:	
Contact Person:	
Address:	
Phone Number:	Email:
GRANT REQUEST & INFORMATION	
Operating Grant Request Amount: \$(Up to \$5,000.00 for operating grants)	Year Requested:(Grants awarded once per calendar year)
Please answer the following in the below space	(you can attach additional pages if necessary):
provides to the Town of Strasbou	ization provides to the Town of Strasbourg.

Please provide the following with the operating grant application. <u>All attachments are required for grant eligibility</u> .
 A detailed, proposed budget for current year, outlining expenditures and revenues, including a list of all other grants and/or donations. Financial statements from the immediate preceding fiscal year. List of current Board of Directors, including addresses and phone numbers. Copy of the minutes taken at the most recent annual general meeting or regular meeting of the applicant organization.
SIGNATURE By signing this application, you are acknowledging that the information provided is accurate, complete, and endorsed by the organization that you represent.
Printed Name:
Signature:
Data

ATTACHMENTS