

SUTTON REVENUE SHARING APPLICATION FORM FY 2016

Turn completed application in at Sutton Public Library by noon on March 15, 2017

Project Title:

Contact Name:

Contact's Phone #:

Contact's Email:

Name of Lead Organization (if applicable):

List of Partner(s) and contact information.:

Brief Description of Organization and/or Partners:

Qualifications of Contact Person, Lead Organization or Partner(s) relevant to project :

Proposal Information:

Who will benefit from project:

Projected Start:

Projected Completion Date:

Dollar Amount Requested:

Total Project Budget:

Funds from Other Sources:

Will a lesser amount be acceptable? Yes / No

What will happen to the project if the requested funds are not available or awarded?

Longevity of Project:

Benefits: