

KARE Grant Application

Please fill out this application and return to the appropriate town office.
Additional information may be requested after initial review.
All applications will be held in strictest confidentiality.

Agency Name/Contact Person _____

Address _____

Phone Number _____

WEB Site _____ E-mail _____

Amount of Monies Applying for _____

Exact Purpose of Grant Funds _____

Timeline, People Involved and Potential Jobs Created _____

How will this project benefit our community economically? _____

Before funds will be dispersed, a history of the project and evidence that the funds approved were used for the exact purpose that they were requested will be required.

Distribution of funds may be subject to a match requirement

Only invoices for purchases after the date of joint board approval can be submitted for funding.

Please attach additional pages if needed.