## 5-Town Friends of the Arts Community Grants Application

Name of Applicant		
Organization/Affiliatio	n	
Contact information:	Address	
	e-mail	
	Phone	
TITLE OF PROJECT		
Description of Project	(1-2 sentences)	
Proposed start/end dates		
Target Population		
Estimated numbers to	be served	
Intended Outcomes (1	-2 sentences linked to the	Friends of the Arts Mission)
is a new, expanded or overall budget and spe funding and indicating	improved project; specific ecific funding request to 5-	ng the project and includes the following: whether this action steps and timeline related to the project; an Town Friends of the Arts, including other sources of y secured or being sought; a brief statement explaining ct.
Remember, if granted (with release forms where the second		itment to provide us with the results, including pictures
Signature		Date

 $Please\ email\ completed\ application\ to: Grants @ 5 town friends of the arts.org$ 

Or mail 3 copies to: 5-TFA Community Grants, 25 Main Street, Bristol, VT 05443