

**TOWN OF LOCKEPORT  
APPLICATION  
COMMUNITY GRANT REQUEST**

NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL COST OF PROJECT: \$ \_\_\_\_\_

FUNDING FROM OTHER SOURCES:

_____	\$ _____
_____	\$ _____
_____	\$ _____

AMOUNT OF GRANT REQUESTED FROM COUNCIL: \$ \_\_\_\_\_

**SUBMITTED BY:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_