

BED TAX GRANT  
APPLICATION

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Address of Contact Person \_\_\_\_\_

Phone Number of Contact Person \_\_\_\_\_

Please Check One    Non Profit \_\_\_\_\_            Government Entity \_\_\_\_\_

Name of Project \_\_\_\_\_

Amount of Grant Requested \_\_\_\_\_

Local Match    Yes \_\_\_\_\_    No \_\_\_\_\_    Cash \_\_\_\_\_    In-Kind \_\_\_\_\_

Amount of Match \$ \_\_\_\_\_ ( If in kind, need to use separate sheet of paper  
and have details of the in kind work, labor (a maximum of \$10.00 per hour for labor), etc.  
and the amount of each detail.)

Have you received this grant prior to this application? \_\_\_\_\_; if yes, when?

\_\_\_\_\_

Organizations Last Yearly Budget Total? \_\_\_\_\_  
(No Monthly Reports – Total Budget for the Year)

Population to be served by this grant \_\_\_\_\_

Partnering with any other organization(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of \_\_\_\_\_  
\$100.00 Cash \_\_\_\_\_ \$100.00 In-Kind \_\_\_\_\_ (a maximum of \$10.00 per hour for labor)

If yes, list by name \_\_\_\_\_

\_\_\_\_\_

Objective of Grant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Economic Development Potential by obtaining the grant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supportive Documentation (Please attach to application)

Signature of Chief Executive of Organization \_\_\_\_\_

If partnering, Signature(s) of Partner Organization \_\_\_\_\_

\_\_\_\_\_

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