



Contact Name: _____ Owner of Property: _____
Address where grant end product will be located/stored: _____
Applicant phone: () - _____ Property owner phone: () - _____
Grant amount sought: \$ _____ Total cost of project: \$ _____ Raised to date: \$ _____
Pledged to date: \$ _____

Briefly describe your project.

Describe any work to be completed by contractor(s). (Attach detailed estimates from all contractors.)

Describe any work you will be competing privately (volunteers).

Describe any support work desired by town staff which you will be requesting.

Estimated date of completion: _____

(Attach project schedule, if project to be completed is different phases or steps.)

Budget: Materials: \$ _____ Labor: \$ _____ Value of In-Kind Services: \$ _____
(This value must be agreed to by Town if it is to be used for matching purpose.)

On a separate sheet provide any sketches, photos of similar projects, manufacturers schematics, or any other supporting details that may better describe your project.

Applications that Support South Windsor Schools: If your application supports the work of South Windsor Public Schools, the following signatures are needed in order for your submission to be eligible for consideration.

I have reviewed the application and I am in support of this grant application.

Building Principal *Date*

This application has been reviewed by the Board of Education Central Office Administration Team.

Superintendent of Schools *Date*

These aspects of the application will be reviewed by the Town Attorney, Town Manager and/or his staff.

Permits/Bonds/Waivers required:

Property owner waivers, permissions: