

SUTTON COMMUNITY COUNCIL
REVENUE SHARING APPLICATION FORM 2015

Contact Name _____ Phone # _____ Email _____

Project Title _____

Name of Lead Organization (*if applicable*) _____

List of Partner(s) _____

Brief Description of Organization and/or Partners _____

Qualifications of Contact Person, Lead Organization or Partner(s) relevant to project _____

Proposal Information:

Summary of Proposal (additional pages may be attached if more space is needed)

Who will benefit from project _____

Projected Start Date _____ Projected Completion Date _____

Dollar Amount Requested _____ Total Project Budget _____

Funds from Other Sources _____ Will a lesser amount be acceptable Yes / No

What will happen to the project if the requested funds are not available or awarded? _____

Longevity of Project Benefits _____
