

2009 CTM Community Enhancement Application

Please complete the form below and return to Clifton Town Meeting by June 25th

Project Name _____ Amount Requested _____

Organization/Group Requesting Funding _____

Name/Phone Number of Contact Person _____

Briefly describe the project and your projected budget.

Please describe how this project will benefit the Clifton Community.

What is the time frame for starting and completing this project?

Will the project involve community participation? How many volunteer hours will be needed to complete the project?

If this project is part of a larger project, how will these funds be used within the larger project?