



**COMMUNITY GRANT APPLICATION
THE TOWN OF FARRAGUT**

Refer to the Community Grant Policy for eligibility, instructions, and deadlines.

**APPLICANT ORGANIZATION
(As registered with the Tennessee Secretary of State's Office)**

1. Organization: _____
2. Organization Address: _____

3. Website: _____
4. Registered Agent: _____
5. Address: _____
6. Complete Contact Info:
Email: _____
Phone #: _____
Emergency Contact #: _____
7. Organization's Control #: _____

1. Have you applied for Town of Farragut funding in the past:

Yes **No** **Date(s):** _____

Amount(s) applied for:

Amount(s) received:

What was the money used for:

2. How much are you requesting for the upcoming Fiscal Year? _____

This request is for (check one):

Capital **Program or Operating Expense**

3. Please describe in relation to any Town funding: the purpose of this request, products you are purchasing, services or programs offered, public accessibility, benefit to the residents of the Town of Farragut, and estimate the number of Town residents benefited.

