

PROJECT DESCRIPTION:

TIMELINE FOR PROJECT COMMENCEMENT _____
COMPLETION _____

GRANT REQUEST: \$ _____
TOTAL COST OF PROJECT: \$ _____
OTHER FUNDING: \$ _____ SOURCE _____

SPONSORING ORGANIZATION: _____

CONTACT PERSON: _____ TITLE _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS _____

DESCRIBE HOW THIS PROJECT SERVES THE WHARF TO WHARF
MISSION _____

PROJECTED NUMBER _____ AND AGE RANGE _____ OF
PROJECT BENEFICIARIES PROJECTED TO BE ANNUALLY SERVED .

**SUPPLEMENTAL PROJECT INFORMATION MAY BE ATTACHED TO
APPLICATION AS DEEMED APPROPRIATE**

APPLICANT SIGNATURE _____ DATE _____