|  |  |
| --- | --- |
| **Name of Organization** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Contact person** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Describe the Organization**Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Amount requested** | **$**  | *(up to $500)* |

|  |
| --- |
| **What will the money be used for?** Click here to enter text. |
| ***CTA grant acceptance authorizes CTA to share with media, other organizations, and individuals that the Organization received a grant.*** |

|  |  |
| --- | --- |
| CTA Committee Contact Name | Click here to enter text. |
| Date | Click here to enter text. |

[ ] Approved [ ] Not approved Date: Click here to enter a date.