

COMMUNITY GRANT PROGRAM



APPLICATION

Name of Apartment Community: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____
 Name of Person Completing Application: _____ Title/Position: _____
 Property's Fully-Qualified Date: _____

Please complete the itemization of costs associated with the item(s) requested. Requests may not exceed \$5,000. Remember to include the corresponding invoice(s) with your application.

Payment Made To:	Item Description	# of Items Requested	\$ Amount Per Item	Additional Costs (tax, shipping, assembly, etc.)	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL \$					

DOCUMENT CHECKLIST

- Copies of Resident Surveys (a minimum of 51% of units must complete a survey in order for application to be considered)
- Invoice(s)

SITE APPROVAL – for owner/developer representative

By signing below, I indicate my support for this Community Grant Program proposal.

Signature of Owner/ Owner Representative

Date

SITE APPROVAL – for property/site manager

By signing below, I indicate my support for this Community Grant Program proposal.

Signature of Property/ Site Manager

Date