Casco Bay Estuary Partnership Community Grant Application form

Project Title:		
Applicant Organization:		
Contact name:	Contact position:	
Contact email:	Contact phone:	
Grant amount requested:	CBEP staff time requested:	
What CBEP theme, from the list in the RF	P or from the Casco Bay Plan 2024, does the project address?	
Project Location(s):		
Project Description & Importance:		
Project Objectives:		
Project Tasks:		

Project Timeframe:				
Project Personnel:				
Community Support ir	ncluding collaborating (organizations and indiv	viduals, if any:	
How this project will fo	oster community enga	gement:		
Budget Explanation:				
Project Budget				
_	Amount Requested	In-kind Match	Cash Match	Total Budget
Cumplies/Materials				

	Amount Requested	In-kind Match	Cash Match	Total Budget
Supplies/Materials				
Equipment				
Travel				
Personnel				
Other Costs				
Total Project Costs				