ROCKINGHAM PLANNING COMMISSION
TBG PLANNING ASSISTANCE GRANT PROGRAM
2017 GRANT APPLICATION – Due June 15, 2016

Community:_____

Board:_____

Address: _____

Contact Person:

Phone: _____ Email: _____

Project Title: _____

GRANT REQUEST BUDGET SUMMARY:

RPC Funds Requested $ _____

Applicant Matching Funds $ _____ (at least equal to RPC funds requested)

Total Project Cost $ _____

Identify source of local matching funds:_____

Project Description and Work Tasks (attach additional pages if necessary):

Specify Work Products to be Completed:

Signature of person that prepared application: _____

Date: _____

Name and Title: _____

(Please type or print)