



Cabot Community Association
PO Box 245, Cabot VT, 05647
802.279.4309
info@cabotvermont.org

Cabot Community Fund application

Name _____

Email or phone _____

Address _____

Project or event _____

Date of project or event _____

Date funds will be needed _____

Itemized budget: please include all income sources including the CCF grant, and all expenses (attach additional sheet if needed)

Income _____ **Expense** _____

Total income _____ **Total expense** _____

How will this project or event benefit the Cabot community?(attach additional sheet if needed)
