



TOT GRANT APPLICATION

FOR OFFICIAL USE ONLY: TIME/DATE STAMP

Date: _____

NAME OF ACTIVITY: _____

APPLICANTS CONTACT INFORMATION:

SECONDARY CONTACT PERSON:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CELL NUMBER: _____

CELL NUMBER: _____

EMAIL: _____

EMAIL: _____

AMOUNT BEING REQUESTED: \$ _____

BRIEF DESCRIPTION OF ACTIVITY: (ATTACH SUPPORTING DOCUMENTS AND ADDITIONAL PAGES IF MORE SPACE IS NEEDED)

STATEMENT OF PURPOSE: _____

EVENTS ESTIMATED BUDGET: \$ _____ ESTIMATED ATTENDANCE: _____

HAVE YOU BEEN AWARDED TOT GRANT FUNDS IN THE LAST 3 YEARS? YES _____ NO _____

IF YES, PLEASE ATTACH A LIST OF THOSE EVENTS.