

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 RFP 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 including collaborating organizations and individuals, if any: _____

How this project will foster community engagement: _____

Budget Explanation: _____

Project Budget

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