



APPLICATION FOR CCTA COMMUNITY CHARITIES GRANT

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3) Please provide the number of employees (paid or volunteer) utilized by the non-profit organization. Paid _____ Volunteer _____

4) Please provide a specific description of how the grant funds will be used and during what time period.

5) Why do you recommend this particular organization to be a recipient of a CCTA Community Charities Program grant?

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Signature of CCTA Active Member Representative Completing Application: _____

Printed Name and Title _____

Name of CCTA Active Member _____

Date _____

This application may be submitted by mail using the address listed below, by fax using the number listed below, or by e-mail using the e-mail address listed below. Please contact the CCTA with any questions or concerns.