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WBAC COMMUNITY GRANT APPLICATION  
2009

Eligibility

WBAC Community Grants are made possible by a generous gift from Charter Communications. WBAC Boylston Access Channel, Inc., a 501(c) 3 organization, disburses the funds to worthy organizations in the Town of Boylston for uses by, and for, the residents of the Town and/or those regularly employed in the Town. The grants shall be given to charitable projects or organizations so long as the funds are *NOT* used for cable television, public access television, commercial, political, partisan, or sectarian uses. Incomplete applications may be disqualified. All decisions by the Grant Committee are final. Applications are available at the Library and the Town Clerk's Office.

WBAC can be contacted at 508-869-0700, by e-mail at "staff@wbactv.org", or by writing to WBAC, Hillside Studios, 221 Main Street, Boylston, Massachusetts, 01505 or www.wbactv.org.

APPLICATION DEADLINE: Postmarked by November 30, 2008.

Grant decisions will be made by January 31, 2009 and the funds will be disbursed by March 1, 2009.

Applicant Information

Applicant's Name/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Project Information

Project Title: \_\_\_\_\_

Briefly Describe Your Project/Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target Group: \_\_\_\_\_

Goals: \_\_\_\_\_

Funding

Total Cost of Project: \$ \_\_\_\_\_ Amount Requested from WBAC Grant: \$ \_\_\_\_\_

Another Blank Line: \_\_\_\_\_

Authorized Signature: The signature below is that of a person authorized to apply for this grant and by signing, they certify that the information contained herein is correct to the best of their knowledge and belief and that they are qualified to receive this grant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For WBAC Office Use Only - Do Not Write Below this Line

\_\_\_\_\_  
Amount Funded

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contacted

\_\_\_\_\_  
Initials