



GRANT REQUEST FORM

Brant Beach Sailing Foundation

Date: _____

Name and Address of organization requesting grant:

Please provide the name and information of a contact person. This person should have infinite first-hand knowledge of the request:

What is the dollar amount being requested? _____

What would be the primary purpose of this grant if awarded?

When do you estimate the funds being used and or if for a project, when is completion?:

*Please note: The submission of this form in does not constitute the award of a grant.

Return Completed Grant Forms To: John Barbano [njrb@aol.com](mailto:njjrb@aol.com) or
David Shanker david@brantbeachsailingfoundation.org
Or mail to:
Brant Beach Sailing Foundation
PO Box 402
Ship Bottom NJ 08008-0252
Attn. Grant Request