

DATE OF REQUEST:_____

NORWOOD PARK TOWNSHIP
GRANT REQUEST APPLICATION

NAME OF ORGANIZATION:

NAME, ADDRESS & PHONE # OF ORGANIZATION CONTACT PERSON:

HOW WILL THE GRANT BE USED?:

AMOUNT REQUESTED:

ALL GRANT FUNDS TO BE USED FOR TOWNSHIP RESIDENTS ONLY

PLEASE ATTACH NAMES & ADDRESSES OF TOWNSHIP RESIDENTS

EMAIL TO:

NORWOOD PARK TOWNSHIP
INFO@NORWOODPARK.COM

MAIL OR DROP OFF TO:

SUPERVISOR ANTHONY NASCA
NORWOOD PARK TOWNSHIP
7833 W. LAWRENCE AVE.
NORRIDGE, IL 60706