

Date Due: February 1, 2024

APPLICATION FORM
DEERFIELD COMMUNITY DEVELOPMENT
TRUST FUND

Group Proposing Project _____

Contact Person/Address/Phone number _____

Description of Project _____

Explain how the project provides for improvements in the Village that will enhance the quality of life for current residents and future generations.

BUDGET ITEMS FOR PROJECT

AMOUNT REQUESTED

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUB TOTAL COST

\$ _____

Matching Funds (if applicable) Subtract from sub total

(_____)

TOTAL AMOUNT REQUESTED

\$ _____

TOTAL AMOUNT GRANTED BY CDTF COMMITTEE

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COMMENTS ON REQUEST-FOR CDTF COMMITTEE USE: _____

