



The Palmer & Jane D. Davenport Foundation

20 North Main Street

South Yarmouth, MA 02664

(508) 398-2293

GRANT APPLICATION

Organization Name: _____

Address: _____

Contact Person: _____

Phone #: _____ FAX #: _____

Email: _____

Amount Sought: \$ _____ By (date): _____

Name of Project: _____

Briefly explain the purpose of funding (150 words or less):

Other funding requested for the project:

<u>Source</u>	<u>Amount</u>	<u>Outstanding/Received</u>
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