

TSC Grant Request

Mail to:

The Sounds Conservancy Grants Program
QLF/Atlantic Center for the Environment
55 South Main Street
Ipswich, Massachusetts 01938-2396

Applicant Name(s) _____
Affiliation _____
Address _____
Town _____ State _____ ZIP _____
Phone () _____ Fax () _____ Email _____
Permanent Address _____
Town _____ State _____ ZIP _____
Permanent Phone () _____ Email _____

Advisor (if applicable) Name(s) _____
Affiliation _____
Address _____
Town _____ State _____ ZIP _____
Phone () _____ Fax () _____ Email _____

Project Title _____

Duration of Project: From _____ To _____

Amount Requested _____ Total Project Budget _____

To Whom Funds Should be Paid _____

Application Checklist:

(attach only materials listed below and adhere to page and word limits)

- application form
- one page project summary
- one page income and expense budget
- one page resume of applicant

Deadline: Postmarked by 15 March

I agree to recognize The Sounds Conservancy as having supported this project. In addition, upon termination of the project and/or final expenditure of the funds provided, I will submit to TSC a final report (including an expense budget) and a one-page, non-technical summary.

(Signature of Applicant)

Where did you hear about us? _____
