

Tisbury Community Preservation Committee

www.tisburycpc@gmail.com, (508) 687-9286

REQUEST FOR FUNDS

Submit this as cover sheet for completed work, complete information as required,
sign and attach original invoices. Please do not staple.

If not submitted correctly and completely, payment may be delayed.

Project Title: _____ Date: _____

AMOUNT REQUESTED: _____ Fed.Tax ID # _____

Project Representative Name: _____

Address: _____

Phone / Fax / E-mail _____

Purpose for requested funds:

Project Status/Timeline/Schedule:

Project Issues / Comments / Concerns:

Original Amount Approved for Project: \$ _____ in FY _____

Balance brought forward : \$ _____

AMOUNT REQUESTED HERE: \$ _____

Remainder Project Balance: \$ _____

Applicant Signature: _____ Date: _____

CPC Signature: _____ Date: _____

Rev. 7/23