

**SUSITNA COMMUNITY COUNCIL  
COMMUNITY ASSISTANCE PROGRAM  
GRANT NOMINATION FORM**

(FORMERLY Community Revenue Sharing Program)

**2024 Grant Nominations**

**Name of Project:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please briefly describe the project for which you are requesting funds.**

**Who, why and approximately how many people in our community will benefit from completion of this project?**

**Is there evidence of public support for this project? if so, please attach.**

**Project Budget: Please provide project budget figures. Provide supporting documentation.**

**Will this project provide economic benefits to the community? if so, please explain.**

**Please provide an estimated time schedule for completion of the project if funding is received.**