

# A9CC Access Grant Program

Area 9 Cable Council, 6 Lazy Brook Ln, Westport, CT 06880    www.a9cc.org

## Funds Disbursement Voucher

### 1) Applicant Information:

Town or City:	
Applicant's Name:	
Title/Position:	
E-mail Address:	
Phone Number:	

2) Dollar Amount of Grant:	\$
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3) Make Check Payable To:	
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4) Remit To:	Name:	
	Organization:	
	Street:	
	City, State, Zip:	

Please complete the above and e-mail to A9CC and the grant administrator.  
(Hint: copy and paste the addresses into your e-mail program)

A9CC: [grants@a9cc.org](mailto:grants@a9cc.org)

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To be completed by A9CC and forwarded to Treasurer

Authorized by:	
Authorized amount:	\$
Date:	

To be completed by Treasurer and returned to sender and applicant

Check No:	
Amount:	\$
Date:	