

A9CC - CABLEVISION Access Grant Program

Area 9 Cable Council, 17 Crawford Rd, 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)

Note: Please do not use Macintosh Preview to fill out this form as it corrupts the form data.

A9CC: grants@a9cc.org

Administrator for G grants: hlevy@datacut.com for E grants: Susan_Morris@greenwich.k12.ct.us

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:	