



*An educated choice*

# Grant Budget Detail Form

Grant Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ITEM DESCRIPTION	ITEM QUANTITY	SUPPLY SOURCE	TOTAL COST WITH S & H
TOTAL REQUESTED			

**Please submit this Budget Detail Form and additional materials by OCTOBER 1, 2020 to:**  
**Tobacco Valley Teachers Federal Credit Union, Attn: Lori Triba, Manager/CEO**  
**at the address listed below.**



182 South Road, Enfield, CT 06082  
P 860-253-4780 P 800-749-8305 F 860-253-4785 [www.tvtfcu.org](http://www.tvtfcu.org)

