

APPLICATION

Date of application: _____

Applicant name: _____

Applicant contact information: _____

Proposed event date & time: _____

Event location: _____

County or Counties invited: _____

Agree to invite all VMS members from applicable counties (VMS can assist with distribution):

Yes No

Event topic and any proposed agenda/ speakers:

Funding amount requested: \$_____

Proposed use of funds (food, meeting space, speaker fee, etc):

Any other funding sources available:

Requesting logistical assistance from VMS Staff

Yes No

What assistance might be needed:

Any other information:

No later than 30 days before event, submit application to:

Stephanie Winters, Deputy Director

PO Box 1457

Montpelier, VT 05602

swinters@vtmd.org