

Norfolk Connecticut Children's Foundation, Inc.
P.O. Box 322
Norfolk, CT 06058

APPLICATION FOR GRANT

Date of application: _____

Name of person or organization: _____

Is the person requesting funds a Norfolk resident? Yes No

Does the organization requesting funds agree to use funds granted by NCCF to support only youths who are Norfolk residents? Yes No

Contact information:

Name: _____

Address: _____

Phone: _____

Total Cost of the Program or Activity: _____

Specific amount of money requested from NCCF: _____

Date funds are needed: _____

What additional sources of funds are being pursued: _____

Briefly describe the purpose and expected benefits of this grant. Please be specific and include any additional supporting information that may help the Board better understand your request, i.e. recommendations from teachers and/or mentors, flyers or pamphlets about the organization, explanation of what an individual requesting funds has attempted to do to raise money for the project, etc.

