



P.O. Box 1441, New Haven, CT 06506-1441  
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Fed. EIN 22-3014805 CT Tax Regist. No. 0241054

## **Grant Application**

*This application must be completed in full and 10 copies submitted by the deadline. Please answer all questions in the space provided.*

Please circle appropriate grant cycle: Spring Fall \_\_\_\_\_ (year)

Applicant's Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Individual Name & Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Organization website: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Check payable to: \_\_\_\_\_

By accepting a grant offered by the NHCBF, the applicant agrees to provide to the NHCBF a written summary at the conclusion of the project or program or within one year of the grant, whichever is earlier, reporting on its status and/or results, and specifically stating how the money was used.

*The applicant affirms under penalties for perjury that the information in this application is true and complete and agrees to the terms and conditions set forth in the Grant Agreement and Grant Application Guidelines.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Application: \_\_\_\_\_



**III. Implementation**

a. What steps will you take to achieve these goals?

b. How, specifically, will you use the funds requested?

c. What other resources are necessary for the achievement of these goals and how will you obtain them?

d. Is there any other information you would like us to know?