

The Foundation

of the New Haven County Bar

P.O. Box 1441, New Haven, CT 06506-1441
Tel (203) 562-9652, Fax (203) 624-8695, www.fnhcb.org
Fed. EIN 22-3014805 CT Tax Regist. No. 0241054

Grant Application

This application must be completed in full and 5 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 FNHCB, the applicant agrees to provide to the FNHCB 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: _____

