

**Sharon Community Foundation Grant Application – Organization
All Applications are Confidential**

Grant Amount Requested (\$2,000 Maximum): _____

Organization:

Name: _____

Physical Address: _____

Email: _____

Phone: _____

Contact Person:

Name: _____

Phone: _____

Email: _____

Project

Title:

Project Summary – Please Attach

Itemized Budget – Please Attach

Geographic Catchment Area: _____

Number of Individuals to be Served: _____

Total Estimated Project Cost: _____

Authorized Individual Requesting Grant for the Organization

Signature: _____

Printed Name: _____

Date: _____

Contact Information if Different from Above

Phone: _____

Email: _____

Return Completed Application:

By mail: Sharon Community Foundation

P.O. Box 471

Sharon, CT 06069

By email: sharoncommunityfoundation@gmail.com

For SCF Use:

Received:

Board of Directors Review and Action: