

THE WESTBROOK FOUNDATION

Application for Grant of Funds
(Please Type)

CONTACT INFORMATION

Name of Organization: _____ **Date:** _____

Mailing Address: _____
Street Address *Suite / Unit #*

City / Town *State* *Zip Code*

Telephone Number: _____ **Alternate Phone:** _____

Email Address: _____

Web Site: _____

Amount Requested: \$ _____

Name of Fiscal Agent, if different

Mailing Address: _____
Street Address *Suite / Unit #*

City / Town *State* *Zip Code*

Telephone Number: _____ **Alternate Phone:** _____

Email Address: _____

GRANT INFORMATION

Specific purpose for which grant is to be used:

Period of time for which it is to be used:

This application must be completed and returned, with all requested enclosures, by specified deadline:
GRANT APPLICATION, THE WESTBROOK FOUNDATION, INC.,
P. O. BOX 528, WESTBROOK, CT 06498.

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GRANT INFORMATION CONTINUED

Anticipated Benefits::

How does this project / equipment fit in with the objectives of the organization(s) as a whole?

What evidence is there of community support for this or similar projects, if applicable?

What are your organization's specific plans for the future funding of this project, if applicable?

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CHECKLIST OF REQUIRED ATTACHMENTS

(Include these Required Attachments with the Application Form:)

1. Letters of Determination from the IRS certifying tax-exempt status under Section 501 (c) (3) of the IRS Regulations for each participating organization.
2. Most recent Form 990 for each participating organization. If any agency is not required to file a 990 Form, please explain and document.
3. Mission Statement from your organization and from each of the collaboration agencies, if a collaborative effort.
4. Completed Proposal Budget for Project.
5. Financial statements and/or audited report.
6. A list of your organization's current Board of Directors or from each organization, if a collaborative effort.

Please attach above items to this application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature(Exec. Director or Board Chairman)

(Title)

(Type or print name)

(Type or print title)

Attach extra pages if space is too limited on this form.

NOTE: Application deadlines:

For June 1 distribution, completed application must be submitted by or postmarked by April 1;
For December 1 distribution, completed application must be submitted by or postmarked by October 1.

Submit original application with attachments.

---DEADLINES ARE STRICTLY ENFORCED--NO EXCEPTIONS---

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