

For internal use only
ID#:
Date received:
Disposition: Approve Reject
Request type: C A P
Amount awarded:
Early disbursement: Yes No
Check#:
Check date:

The Friends of Suffield

GRANT REQUEST FORM

Send Your Request To:

grants@friendsofsuffield.org or
Friends of Suffield, PO Box 43, Suffield, CT 06078

Postmarked or e-mailed received by mid-night: 3/1/2012

Application Guidelines:

1. All grants must benefit Suffield and/or Suffield residents.
2. Application will not be accepted after the due date.
3. Grants are distributed for the current year; with no future year increments.
4. All requests must be on this application (attach additional paper as required).
5. Requests by children under 18 must name the adult authorizing the request.

Name of Organization: _____

Address of Organization: _____

Telephone: _____ E-mail: _____

Name and Title of Contact Person for this Request: _____

Telephone: _____ E-mail: _____

Amount Requested: \$ _____ Date Needed*: _____
(*if prior to Suffield on the Green in mid-September)

Check Payable To: _____

If your request is partially funded, can your organization accomplish the goals of the request?
Yes No (Note: If you answer no, the committee will not consider authorizing partial funding.)

