

**THE CONNECTICUT FREEMASONS FOUNDATION**  
**P.O. Box 69**  
**Wallingford, CT 06492**

**Grant Application Form**  
*(Please type)*

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

Tax ID #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

Title of Person Submitting Request: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Briefly Describe the Purpose and Activities of your Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of accounting firm, if applicable, that handles audit and review of funds:

\_\_\_\_\_

Contact name at firm: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Type of Request:

- General Support of Organization's Charitable Purposes
- Specific Program Project \_\_\_ New Project \_\_\_ Existing Project
- Endowment
- Capital Project
- Other: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Previous funding from Foundation: \_\_\_\_\_

\_\_\_\_\_

## PROJECT DESCRIPTION

*(If request is for a Specific Project, Complete this page)*

Describe your proposed activity. Include (i) the purpose and goals of your project and how they align with the mission of the Connecticut Freemasons Foundation; (ii) the need for your project; (iii) who is served by the project; and (iv) the way in the success of your project will be evaluated and measured. **Please attach a one page description.**

## BUDGET INFORMATION

Applicant's fiscal year end: \_\_\_\_\_ Time period for budget below: \_\_\_\_\_

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

<b>Budget Detail</b>	<b>Budget for Project</b>	<b>Annual Budget for Organization</b>
Salaries	\$ _____	\$ _____
Payroll taxes	\$ _____	\$ _____
Fringe benefits	\$ _____	\$ _____
Office space	\$ _____	\$ _____
General overhead	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Consultants/professional fees	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Office supplies	\$ _____	\$ _____
Marketing/communications	\$ _____	\$ _____
Capital expenditures	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

List other sources that have been asked to fund this project, the amounts requested, and the current status. Add **one** additional page if necessary.

<b>Source</b>	<b>Amount Requested</b>	<b>Status</b>
_____	\$ _____	_____
_____	\$ _____	_____

## ATTACHMENTS REQUIRED

*(for all applications)*

- A copy of the IRS determination letter that applicant is a Public Charity under IRC Sections 501(c)(3) and 509(a)(1-3). Only Public Charities as defined under the Internal Revenue Code may receive grants from the Foundation.
- Statement that there has been no change in tax status or purpose of the organization since the IRS determination of Public Charity status was received.
- Current budget and financial report.
- Most recent 990 tax return.

**Statement from Applicant Organization's CEO and/or Lead Responsible Person:**

I do hereby certify that the information provided in this Grant Application is accurate and complete to the best of my ability and knowledge. I further acknowledge that if awarded a grant from the Connecticut Freemasons Foundation, all funds will be used for the purpose for which the grant was awarded.

---

CEO or Lead Responsible Person

---

Date

---

(Print Name and Title)

***Forward completed application and four copies to:***

**Connecticut Freemasons Foundation, Inc.  
P.O. Box 69  
Wallingford, CT 06492**