

FAIRFIELD COUNTY FOUNDATION

Preliminary Grant Proposal

Applicant Organization: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Contact Person: _____

Title: _____ Direct Phone #: _____

Organization's IRS identification number/exemption number: _____
(Please include copy of your I.R.S. 501 (c) (3) approval)

Organization's Major Funding Sources: _____

Request Data

Program/Project Title: _____

Amount Requested: _____ Total Program/Project Budget: _____

Amount already raised for project: _____

Demographic description of population, including number served by this program/project:

Project Summary: Please summarize your proposal in the space provided. Include brief, but specific information about the what, when, why and how's of your project.

Date

Signature of Chief Executive Officer/ Authorized Official