

Love CT Grant Request Form



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Charity or Organization:

County: New Haven Fairfield Hartford

Address:

City:

Zip:

Organization President/Director:

Organization Board President:

Your Name:

Your Phone:

Your Email:

501c3 Status & Number:

Tell us about the specific program or need that Love CT funds will support:

- ✓ **Please note ALL required fields MUST be completed before submitting for consideration**
- ✓ **When you submit, be sure to include any relevant attachments**

Email completed form to: LoveCTcharity@gmail.com