

RAYS OF HOPE FUND
GRANT APPLICATION

PO Box 1341, South Windsor, CT 06074
www.swfoundation.org
SWCF1b rev.11-6-16

To be eligible for a grant the following support information/documents (if available or applicable) must be attached to your grant request. - Complete Budget for the Project Described, Explain the charitable nature of the project Current annual operating budget or Financial Statements for Established organization, other sources of income, release of funds should project default, List of Board of Directors or Officers, Mission Statement, organizational structure, If any of the documents are not available or are not applicable, please note the reason on this Grant Request Form.

Name of Organization: _____

Mailing Address: _____

Street Address (if different from mailing) _____

Telephone: _____ Fax: _____ e-mail: _____

Project Summary: _____

Total Project Budget:\$ _____ Amount Requested _____ Date: _____

Other Sources of Funds: _____

Tax Identification Number (if applicable): _____

Approval of Authorized Representative of Organization:

Printed Name of Authorized Representative: _____

The organization named above will act as the responsible fiscal agent for any funds which might be received and will comply with applicable tax laws, regulations and South Windsor Community Foundation, Inc. policies. We understand that the South Windsor Community Foundation, Inc. requires periodic program and financial expenditure reports from grant recipients and may request the opportunity to visit our program before awarding a grant and/or after a grant has been made for purposes of project evaluation.

Printed Name of Requestor _____ Title: _____

Address: _____

Telephone: _____ e-mail: _____

Signature of Requestor: _____ Date _____

South Windsor Community Foundation, Inc. Approvals for Grant Request – Executive Board

President Signature: _____ Printed Name: _____ Date: _____

Vice President Signature: _____ Printed Name: _____ Date: _____

Secretary Signature: _____ Printed Name: _____ Date: _____

Treasurer Signature: _____ Printed Name: _____ Date: _____