

# Love CT Grant Request Form



## Love CT Grant Request Info Form

Charity or Organization:		County: <input type="checkbox"/> New Haven <input type="checkbox"/> Fairfield	
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](mailto:LoveCTCharity@gmail.com)**