

**ESSEX COMMUNITY FUND**  
**APPLICATION FOR FUNDING**

**NAME, ADDRESS, AND PHONE NUMBER OF ORGANIZATION:**

**NAME OF CONTACT PERSON:**

**DOES THE ORGANIZATION HAVE 501C3 STATUS UNDER THE IRS REGULATIONS? IF SO, PLEASE PROVIDE COPY.**

**PLEASE DESCRIBE THE MISSION OF THE ORGANIZATION:**

**PLEASE DESCRIBE THE ANNUAL ACTIVITIES OF THE ORGANIZATION:**

**PLEASE DESCRIBE HOW THE ACTIVITIES OF THE ORGANIZATION BENEFIT ESSEX, CENTERBROOK AND IVORYTON RESIDENTS, FOR EXAMPLE, HOW MANY RESIDENTS ARE SERVICED ANNUALLY BY THE ORGANIZATION:**

**PLEASE DESCRIBE THE WAY IN WHICH THE GRANT MONEY WILL BE USED BY THE ORGANIZATION:**

**PLEASE PROVIDE AMOUNT REQUESTED:**

**PLEASE PROVIDE GENERAL BUDGET INFORMATION FOR THE ORGANIZATION:**

**PLEASE MAIL WITH SUPPORT DOCUMENTS TO:**

Essex Community Fund  
P.O. Box 614  
Essex, CT 06426

(Submission are reviewed annually by the board)