

THE EDWARD AND MARY LORD FOUNDATION
116 CASE STREET
NORWICH, CT. 06360
(860) 889-9545

GRANT APPLICATION

Grant Applicant Information

Organization Name: _____

Address: _____

City: _____ State _____ Zip _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Amount of Grant Requested: \$ _____

Your Federal ID #: _____

Is your organization supported by the United Way Yes No

Has your organization previously been the recipient of a grant from The Edward and Mary Lord Foundation? _____

If yes, give years and amounts _____

Application Signatures

My/our signature(s) is entered as the authorized representative of the applying organization. I certify that the funds applied for will be used solely for the purpose of the program described in the application. I understand that failure to apply the grant funding to the designated program or failure to complete the program within the defined time period will result in forfeiture of grant monies.

I/we will notify The Edward and Mary Lord Foundation one month prior to completion of the program.

I/we agree to submit a summary of our program to The Edward and Mary Lord Foundation when it is completed.

Applicant Signature/Title

Applicant Signature/Title

Date: _____