



"Hand in hand  
we are a community"

PO Box 385  
Sharon, CT 06069  
860.364.1003  
sharoncommunityfoundation  
@gmail.com

## SHORT FORM GRANT APPLICATION

Maximum Grant Amount \$1,000

COMPLETE APPLICATION – Sign & Submit  
To The **Sharon Community Foundation**

**Group/Organization Applying:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_ Start-End Date: \_\_\_\_\_

**AMOUNT REQUESTED: \_\$** \_\_\_\_\_ **Total Project Cost: \$** \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_ Number Served: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Government, Non-Profits and Schools: Have you applied to other organizations or  
Foundations for assistance? \_\_\_\_\_ If so, please name them:

1. Please attached a brief Project Summary: Provide specific information about who, what, where, when and how. Include contact information on the attachment.
2. Attached an itemized budget.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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**For SCF Use:**

Received: \_\_\_\_\_ Grant Committee Review \_\_\_\_\_

Action: \_\_\_\_\_