

**Canton Community Health Fund**  
PO Box 504, Canton, CT 06019  
**Grant Application**  
**Deadline April 30**

<b>APPLICANT:</b>
<b>ORGANIZATION:</b>
<b>ADDRESS:</b>
<b>PHONE: (Where we can reach you for further information, if needed)</b>  <b>Daytime:</b> _____ <b>Evening:</b> _____
<b>CONTACT PERSON: (Include address and phone if different from Applicant)</b>
<b>EMAIL:</b>
<b>Tax Exempt Status per Section 501C of the IRS Code:</b> <b>(Please attach proof of tax exempt status)</b>
<b>NOTE: (We reserve the right to request a Financial Statement)</b>
<b>PROPOSAL OBJECTIVE:</b>
<b>DURATION OF PROGRAM:</b>
<b>POPULATION TARGETED:</b>
<b>SPECIFIC AMOUNT REQUESTED: (Itemize)</b>
<b>IS AMOUNT TOTAL OR PARTIAL FUNDING?</b>
<b>ARE OTHER GROUPS BEING ASKED FOR FUNDS?</b>
<b>AUTHORIZED SIGNATURE:</b> _____  <b>TITLE:</b> _____ <b>DATE:</b> _____

**Please use the back of the form for any additional comments.**

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**ADDITIONAL COMMENTS:**

**(Please provide any additional documentation that will help us to evaluate your proposal.)**

**For CCHF Office Use Only**

<p><b>Date Received:</b> _____</p> <p><b>Date Approved/Rejected:</b> _____</p> <p><b>Amount Approved:</b> _____</p> <p><b>CCHF Signature:</b> _____</p> <p><b>Date Signed:</b> _____</p>	<p><b>Follow-up Date:</b> _____</p> <p><b>Comments:</b></p>
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