



The
Madison
Foundation, Inc.

The Madison Foundation, Inc.
P.O. Box 446 Madison, CT 06443

www.themadisonfoundation.org

Grant Application

Date: _____

Organization: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Person in charge of project: _____ Phone/email: _____

Project: _____

Purpose/Objectives of the Grant:

Summary of the Project:

Description of the benefits to be achieved and the population to be served:

Amount requested and rationale:

Estimated cost of the project, if different from request: _____

Other funding sources contacted: _____

Brief summary of current organizational budget, including all funding sources:

Date for first funding: _____

Do you wish to receive funding in installments? Yes No

Schedule of Implementation: _____

Attach, if available and applicable (please check if attached):

Organizational mission statement

Supporting statements

Names of directors

Financial report

Project descriptions

Other documentation: _____

Thank you. Please mail this application with any attachments to:

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