

**Connecticut Urban Forest Council
Application Cover Sheet - Small Grants Program**

Title of Project: _____	
Organization: _____	
Address: _____ _____	
Is this organization an incorporated non-profit? _____	Organization's FEIN: _____
Contact Person: _____	Title: _____
Address: _____ _____	
Contact Phone: _____	e-mail: _____

Short description of Organization's Mission:

One paragraph summary of project:

Anticipated Initiation and Completion Dates:

Amount Requested:

Please return this form along with a Cover Letter and the Grant Narrative (not to exceed 5 pages), to:

Mary Ludwig
Secretary – CUFC
28 South Street
Milford, CT 06460