

Connecticut State Council
Knights of Columbus

Columbian Charities of Connecticut, Inc. - Application for Grant

Please print all requested information .

1. _____
Name of Organization

2. _____
Address

3. _____
City State Zip Code

4. (_____) _____
Telephone Contact Name

5. _____
Description of Organization

6. Is the Organization non-profit? Yes No Charitable Yes No 501(c)(3) Yes No
Please provide documentation for above including any pertinent IRS rulings.

7. Describe why donation is sought and to what use the funds will serve. Use additional sheets if necessary.

Dated

Signature and title