



Connecticut Architecture Foundation Inc.
370 James Street, Suite 402, New Haven, CT 06513 | Tel: 203-865-2195 | Fax: 203-562-5378

SPECIAL PROJECT FUNDING APPLICATION

DATE OF APPLICATION: _____

BY: ORGANIZATION: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

PROJECT FOR WHICH FUNDING IS REQUESTED: _____

PROJECT DESCRIPTION¹ : _____

CONNECTION TO CONNECTICUT ARCHITECTURE COMMUNITY: _____

OVERALL PROJECT FUNDING REQUIRED²: _____

FUNDING AMOUNT REQUESTED WITH THIS APPLICATION: _____

PROJECT MILESTONES:

Deadline for funding: _____

Date funds will be utilized: _____

SIGNATURE OF APPLICANT: _____

FOUNDATION USE ONLY:

Funding Amount Approved: _____

Date Funding Approved: _____

Accepted By: (CAF Designated Signature): _____

Additional Comments³: _____

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1. Include Detail Description of the Project
 2. Include Itemized Budget of Project and Funding Items Requested.
 3. Include Report to CAF BOD upon completion of Special Project.