



Connecticut Architecture Foundation

Special Project Funding Application

Date of Application: _____

Organization: _____

Contact Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Project for Which Funding Is Requested: _____

Project Description¹: _____

Connection to Connecticut Architecture Community: _____

Overall Project Funding Required ²: _____

Funding Amount Requested With This Application: _____

Project Milestones:

Deadline for Funding: _____

Date Funds Will Be Utilized: _____

Signature of Applicant: _____

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

Foundation Use Only:

Funding Amount Approved: _____

Date Funding Approved: _____

Accepted By: (CAF Designated Signature): _____

Additional Comments ³: _____