The Hartford County Bar Foundation, Inc.
179 Allyn Street-Suite 210
Hartford, CT 06103
(860) 525-8106

1. _____
Legal name of your organization

2. _____
Address of organization

3. _____
Telephone Fax E-mail

4. _____
Whom should we contact: Title E-mail

5. Principal purposes and services of your organization:

6. What geographic area does your organization serve:

7. What specific purpose are you requesting funds for:

8. Is this a new program? Yes ☐ No ☐

9. What amount are you requesting? _____
During what period will the funds be spent? From _____ to _____

10. What percentage of this program will the amount you request cover? _____
Are there any other sources that will contribute to this specific program? _____

11. Will the contribution made by the Hartford County Bar Foundation be acknowledged in an annual report, brochure, or other published materials?

By: _____
Individual Making Request

Date: _____