



Application for Grant Funding

Name of School / Team / Non-Profit Organization:

EIN # (From IRS Letter, if Applicable):

Address:

City: Bridgeport

State: CT

Zip Code: 06_____

Contact Name:

Telephone Number:

Email Address:

Name of Special Project, if any, for which Funds are requested:

Amount Requested:

Previous Support from Bridgeport Field of Dreams Foundation:

Mission Statement: *(Brief statement MUST be written here. Use additional pages if necessary.)*

Proposal Summary: *(Brief overview MUST be written here. Use additional pages if necessary.)*

PRELIMINARY BUDGET

(Sample Format)

| Item | Cost / Item | Number of Items | Total Cost |
|--------------|-------------|-----------------|------------|
| | | | |
| | | | |
| TOTAL | | | |

Faxed or e-mailed proposals are not accepted. Materials submitted are non-returnable.

Bridgeport Field of Dreams Foundation
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 Tel: 203-521-0780 ● www.bridgeportfieldofdreams.org