TMB FOUNDATION GRANT APPLICATION
2025

Name of Organization _____

Address _____

_____

Is this organization a depositor of The Milford Bank (circle one)? Yes No

Principal Contact _____

Amount requested _____

Tax ID# _____

Authorized Signature _____

Please attach a separate sheet(s) which details:

(1) The purpose for which the grant will be used

(2) Information about your organization including history, membership, community impact and the number of Milford, Stratford, Orange and West Haven residents assisted.

All applications must be received by 5:00 pm on November 21, 2025.

Applications must be delivered to: Jorge Santiago
The Milford Bank
33 Broad Street
Milford, CT 06460