



2019 TMB Foundation Grant Application

Name of Organization _____

Address _____

Phone _____

Principal Contact _____

Amount requested _____

Tax ID# _____

Authorized Signature _____

Is this organization a depositor of The Milford Bank (circle one)? Yes No
(Special Consideration is given to organizations that maintain their primary banking relationship with The Milford Bank.)

Please attach a separate sheet(s) that provides the following information. Incomplete applications will not be considered:

- (1) Maximum one page summary regarding the purpose for which the grant will be used.
- (2) Does your organization serve a Low and Moderate Income population?
 - a. If yes, please provide data regarding the number of low and moderate income clients served.
- (3) Detail the number of Milford, Stratford, West Haven and Orange residents assisted through your organization.
- (4) Summary information about your organization including mission, history and community impact.
- (5) Provide a copy of your IRS determination letter approving your 501(c)(3) status.

All applications must be received by 5:00 pm on November 15, 2019.

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