

Trinity Home Board

Trinity Episcopal Church on the Green
950 Chapel Street, 2nd Floor
New Haven CT 06510-2515
(203) 624-3101

The mission of the Trinity Home Board is to aid the elderly, needy, and others whom the Board considers entitled to benefits, and to aid Trinity Church. To this end, the Board asks that you complete and submit this form with your request for funding by _____.

Funding consideration will be given to those organizations that help us fulfill our mission, with the primary focus on serving the elderly. The Board has limited funds to distribute each year. The information you provide will assist in evaluating your request. Please attach additional pages as needed. Finally, the Board will treat as confidential the financial information and documents you provide.

1. Organization's name, address and telephone number: _____

2. Contact person: _____
3. Employer Identification Number: _____
Federal exemption letter: _____
4. Amount of funding requested: _____
5. Reason(s) for the request: _____

6. Age group or special needs your organization serves _____

7. Please attach copies of your organization's (a) budget for the current year and last year, (b) a current financial statement listing assets, liabilities, and source and identity of current funding, and (c) percent of population that is served by your organization that is 65 years and older.
8. Please feel free to include any descriptive brochures, recent articles, or specific program/project information that would be helpful to us in making our decision. Please limit additional material to five pieces and please no videotapes.

Should you have any questions about this form, please contact _____.
Trinity Home Board will carefully consider your request and anticipates making its decision at its _____ meeting.

Thank you for the services you provide and for your request.