

Hartford Larrabee Fund Association
2020 Organization Information

Organization Name: _____

Address: _____

Mailing Address (if different): _____

Phone: () _____ Fax: () _____

Website: _____

EIN or Tax Id Number _____ Are you a 501 (c)(3)? _____

Agency head: _____

Phone: () _____ Fax: () _____ Email: _____

Person submitting applications: _____ **Title:** _____

Program or department: _____

Phone: () _____ Fax:() _____ Email: _____

Person submitting applications: _____ **Title:** _____

Phone: () _____ Fax: () _____ Email: _____

Program or department: _____

Person submitting applications: _____ **Title:** _____

Phone: () _____ Fax: () _____ Email: _____

Program or department: _____

Mission statement: _____

Authorized Signature and Title

Date