



Special Project Grant Funding Application

Organization: _____

Contact Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Date of Application: _____

Title of Special Project: _____

Description of Special Project¹: _____

Overall Project Funding Required²: _____

AGC Funding Request (Maximum \$2,500): _____

Start and End Dates of Project: _____

Dates Foundation Funds Will Be Utilized: _____

Signature of Applicant _____

Note: The AGC of Connecticut Foundation retains sole discretion regarding decisions to award or not award special grants under this program.

AGC FOUNDATION USE

Application Review Comments: _____

Funding Amount Approved: _____

Date Funding Approved: _____

Accepted by (AGC Designated Signature): _____

¹ Provide detailed description of project, including work plan, timeline, and project deliverables.

² Include itemized budget and funding items requested.