



CT COUNCIL ON DEVELOPMENTAL DISABILITIES

APPLICATION FOR FUNDING

COVER PAGE

DATE OF APPLICATION: _____

1. Applicant Organization

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Federal Tax I.D. # or Social Security #: _____

2. Main Contact

Name: _____

Title: _____

Address _____

Telephone: _____ Fax Number: _____

E-mail address: _____

3. Council Objective(s) from Five Year Plan:

4. **TOTAL COUNCIL FUNDS REQUESTED** \$ _____