

2025-2026 ORGANIZATION INFORMATION

Organization
Name: _____

Address: _____

Mailing Address (if
different): _____

Phone Number _____

Fax Number _____

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: _____

Program or department

Phone _____

Fax _____

Email _____

Person Submitting Applications: _____

Title: _____

Program or department

HARTFORD LARRABEE FUND ASSOCIATION

Phone _____ Fax _____

Email _____

Mission Statement: _____

Authorized Signature and Title

Date

Revised January 1, 2025