Please Fill Out the Following Accurately and Clearly:

Date: _____

Municipal Agent Town/Social or Elderly Service Director:

_____

Contact Person: _____

Address: _____

Town/City: _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Number of Eligible Participants: _____

Please fax or mail this application to the information below.

PLEASE NOTE:
Due to the popularity of this program, we may not have enough funds to satisfy all of the requesting locations. If your site is approved, a CT DoAG representative shall contact you and come out to your site for a visit and a short training session.

We thank you for your interest in the SFMNP,

Connecticut Department of Agriculture
165 Capitol Avenue, Room 129
Hartford, CT 06106
(860)713-2503
Fax: (860)713-2516