

**2018 Grant Application**

SUBMISSION DEADLINE:
SEPTEMBER 13 BY 4:00PM

For Internal Use Only # _____ -- _____
 Letter Of Supp: Yes _____ No _____ N/A _____
 Prev. Application: Yes(G) _____ Yes(NG) _____ No _____
 3/1 GR YR G1 _____ GII _____

COMPLETE THIS APPLICATION FOR FUNDING REQUESTS OVER \$1,000 AND UP TO \$5,000.

**If your funding request is \$1,000 or less, you may be eligible to submit the the "Small Grant" application on our website. Please review the criteria on our website and in the Guidelines and FAQ document before completing the application.

Instructions: Save to your computer before completing. Responses can be typed into the form once saved. Complete all questions; review instructions document for full details before completing.

Completed Applications – one (1) original and fifteen (15) copies - must be delivered to the Community Foundation of Middlesex County no later than 4:00 p.m. on September 13.

I. Application Information

Legal Name of Organization _____

Division or Department Name (if applicable) _____

Are you a 501(c)3 Organization? ☐ Yes or Other Tax Exempt Entity? ☐ Yes Type _____

EIN # _____

If your organization is not a 501(c) 3 tax exempt entity or division/department of a government agency or religious organization, you must have a Fiduciary Agent in order to apply for grant funding. Your Fiduciary Agent must complete and sign the 2018 Fiduciary Agent Form. The completed form must be submitted with your original application. Contact Thayer Talbott, 860.347.0025, for more information.

Application Information

Project/Program Name: _____

Dollar Amount Requested: \$ _____

Total Project Cost: \$ _____

If this request is partially funded, will the project/program still be viable? ☐ Yes ☐ No

Synopsis (No more than two sentences describing what the grant will fund.) (Response limited to 300 characters with spaces.)

II. Grant Program/Project Information

1. **Proposal/Purpose:** State the needs or issues to be addressed with this project/program, including a description of the program, the intended audience, the goals and objectives and how they will be reached, and the timeline. *(Response limited to 2,500 characters with spaces)*

2. **Challenges:** Describe any anticipated challenges and how you propose to meet them. *(Response limited to 750 characters with spaces)*

3. **Assessment:** What specific measures do you use to track whether the program/project is succeeding? What tools or metrics are you collecting? What outcomes are expected? *(Response limited to 750 characters with spaces)*

4. **Sustainability:** Provide information about how you will fund and continue to sustain this program/project beyond the grant. *(Response limited to 500 characters with spaces)*

II. Additional Information To Be Included with the Original and Fifteen (15) Copies of This Application

- A. **Required Application Budget:** The Community Foundation's Application Budget Form is the required format. Please provide a one page itemized budget of income and expenses of the program/project, including the amount raised or expected from other sources. If the project is ongoing, please provide an explanation of how it is expected to be funded in the future.
- B. **Organizational Operating Budget:** Please provide a one page summary of the organization's current operating budget, including the date approved by the organization's board of directors/trustees or other governing entity. ***If the parent organization funds 10% or less of the division's operating budget, you must submit an operating budget for your division as well.***
- C. **Current Board of Directors Members:** Attach a list of Board members and officers, with professional affiliations, to the application. *If you are a department or division of a parent organization, and you have a separate advisory committee or board from the parent organization, please submit a list of the advisory committee/board members, with professional affiliations.*

*Additional financial documentation, including the organization's most recent audit, annual report, and IRS Form 990 may also be required. **Only provide this information if requested.***

III. Grant Program/Project Information**Areas of Need/Impact** (choose one)**Grant Type** (choose one):

Other: _____

Geographic Area(s) Served By The Application (Please select only those which are directly served by this application.)☐ All Middlesex County ☐ Upper County ☐ Lower County ☐ Adjacent County(ies) ☐ State-wide☐ Chester ☐ Clinton ☐ Cromwell ☐ Deep River ☐ Durham☐ East Haddam ☐ East Hampton ☐ Essex ☐ Haddam ☐ Killingworth☐ Middlefield ☐ Middletown ☐ Old Saybrook ☐ Portland ☐ Westbrook**Target Demographic (Select all that apply)**☐ Adults ☐ Young Adults ages 18-25 ☐ Youth ages 13-17 ☐ Children ages 6-12 ☐ Children birth-5☐ Families ☐ Parents ☐ Retirees ☐ Students ☐ Veterans☐ Women and Girls ☐ At-Risk Boys and Young Men ☐ Animals

Other: _____

Total Number of People in Middlesex County Specifically Impacted by this Program/Project _____The Community Foundation funds both on-going and new programs, and we are interested in knowing if this program is ☐ new or ☐ on-going?**IV. Collaborations with Organizations**

The Community Foundation requires information about organizations collaborating with your organization on this program. For the purposes of this application, collaborations are defined as partnerships where two or more agencies are committed through staffing, funding, and resource allocation, to the goals and objectives of the program described in this application. Because the nature of collaboration requires two or more entities to work together, for the purposes of funding, only one organization may complete the application, and in doing so, accepts responsibility for all evaluative and fiduciary reporting to the Community Foundation.

Is this a collaborative program/project with another organization(s)? ☐ Yes ☐ No

If YES, ensure one copy of the Letter of Support from each partnering agency's executive officer is attached to the original application.

Is this a new collaboration? _____ Or an on-going collaboration? _____

If this is an on-going collaboration, how long has the collaboration existed? _____

V. Programs in conjunction with Schools/School Districts

The Community Foundation requires letters of support for organizations providing in-school or after-school programming in partnership with schools and school districts.

Is this program/project in conjunction with a school? ☐ Yes ☐ No

If YES, ensure one copy of the Letter of Support from the Superintendent **and** from the Principal is attached to the original application. Letters of Support should contain information regarding how this program or project supplements the school's curriculum and why the programming is not part of the standard curriculum budget.

VI. Organization Information**Board of Directors Information:**

Total Number of Directors/Trustees: _____ Total Number of Board meetings held last year: _____

Average number attending in person: _____ Percentage of Board who financially contribute: _____

Organization's Fiscal Year: Jan 1 – Dec 31 ☐ July 1 – June 30 ☐ Other: _____

Date most recent IRS Form 990 was filed: Year of Return _____ Date Filed _____

Organization's Total Operating Budget Year: _____ Budget: \$ _____

If you are a division or department of a large parent organization, what percentage of your division/department is funded by the overall operating budget of the parent organization and what is your division/department's total operating budget:

_____ % Total Division Operating Budget: \$ _____

If the parent organization funds 10% or less of the division's operating budget, you must submit an operating budget for your division as well as the operating budget of the parent organization.

Provide a brief background on the organization, including a short summary of the organization's history and mission. Please include information about how the organization has achieved its mission. What challenges does the organization face at this time? (character limit 750 with spaces):

List any national and/or state accrediting organizations, if applicable:

Does your organization receive support from the United Way or other federated funds? ☐ Yes ☐ No

If yes, list the organization and the amount received for the last fiscal year:

Organization

Amount

"3-years-grants/1-year-off" Policy For Competitive Grant Funding

CFMC instituted a "3-years-grants/1-year-off" policy beginning in the 2009-2010 cycle for organizations receiving funding through the competitive grant making cycle.

If an organization receives grant funding through the competitive grant making process for 3 consecutive years, the organization will not be eligible to apply for a grant in the fourth (4th) year and must wait one year before applying for funding again. *Note: This policy applies only to grants received during a competitive grant cycle.*

Have you **applied** for funding from CFMC previously? ☐ Yes ☐ No

Did you receive a competitive process grant in the ☐ 2015-2016 cycle; ☐ 2016-2017 cycle; ☐ 2017-2018 cycle?

** Please check all that apply. If you answered yes to all three grant cycles listed, you are not eligible to apply during the current competitive cycle.*

VII. Marketing and Public Relations

Organizations receiving grants from the Community Foundation of Middlesex County must promote their funding awards according to the marketing and public relations guidelines established by the Community Foundation. By signing the application below, the CEO/Executive Director understands the Community Foundation's marketing and public relations requirements if awarded a grant. The Community Foundation will host a seminar on marketing guidelines and tips for grantees annually. The Community Foundation's *Grantee Communications Kit* may be downloaded on our website in the Nonprofit Resources section, middlesexcountycf.org/non-profits/resources/forms-pr-guidelines/.

CEO/Executive Director (or Chairman of the Board of Directors for organizations with no paid staff)

Printed Name

Title

Signature

Date

The following page contains contact information for your organization and this application. The Contact Information page and a copy of your organization's IRS determination letter should be attached to your original application. These pages do not need to include with the fifteen (15) copies submitted.

Organization Contact Information and IRS Determination Letter

The Contact Information page and a copy of your organization's IRS determination letter should be attached to your original application. These pages do not need to be included with the fifteen (15) copies submitted to the Community Foundation:

Are you a new nonprofit applicant to the Community Foundation? ____ Yes

If you are a previous applicant or grantee, has it been at least five (5) years since your last application? ____ Yes

Has your Executive Officer, application and program contact person(s), mailing address, street address, organization name, or IRS standing changed since your last application submission? ____ Yes

Executive Officer's Name _____

Title _____

Phone _____ **E-mail** _____

Contact Person for this application, if different from above _____

Title _____ **Phone** _____ **Email** _____

Contact Person for this program, if different from above _____

Title _____ **Phone** _____ **Email** _____

New Legal Name of Organization (if applicable): _____

Former Name of Organization (if applicable): _____

Mailing Address: _____

Street Address (if different): _____

Website: _____

Social Media channels:

Facebook: _____

Instagram: _____ **Twitter:** _____

Other: