

# Enfield Greater Together Community Fund Grant Application Form

## **Eligibility**

- Organizations must be classified as a 501c3 (509a3 charities and private foundations are not eligible)
- Organizations that are not classified as 501c3 may use a fiscal sponsor
- Towns may serve as fiscal sponsor
- Funding must benefit residents of Enfield
- Areas not typically eligible: sectarian or religious programs

#### **Guidelines**

- The maximum grant award is \$5,000
- A final report may be requested upon completion of the project

### **Application Process**

Please answer the following questions and submit a program budget. If using a fiscal sponsor, please provide their contact information in addition to the organization's contact information. Please email completed applications to enfieldgtfc@gmail.com in a Word Document or PDF format.



1) Organization Contact Information

| , | Organization or Community      |
|---|--------------------------------|
|   | Group's Legal Name:            |
|   | Organization's EIN#            |
|   | Address:                       |
|   | Address 2:                     |
|   | City, State, Zip Code:         |
|   | Contact Name & Title:          |
|   | Contact Phone Number:          |
|   | Contact Email:                 |
|   | Website:                       |
|   | Fiscal Sponsor, if applicable: |
|   | Fiscal Sponsor's EIN#          |
|   | Address:                       |
|   | Address 2:                     |
|   | City, State, Zip Code:         |
|   | Contact Name & Title:          |
|   | Contact Phone Number:          |
|   | Contact Email:                 |
|   | Implementing Organization's    |
|   | Annual Budget:                 |
|   |                                |

## 2) Program Information

|   | Program Name:                   |
|---|---------------------------------|
|   | Dollar Amount Requested:        |
|   | Total Project/Program<br>Budget |
| ľ | Geographic Area Served:         |
|   | (neighborhoods or entire        |
|   | town)                           |
|   | Population Served:              |
|   | (ex: age, gender, ethnicity,    |
|   | number of participants,         |
|   | underrepresented identities)    |



| 3) Program description: Please briefly describe the program or activity. What do you plan to do?   |
|--|
| 4) <b>Description of need:</b> Why is the project you describe necessary? Is there anyone else already doing this?   |
| 5) <b>Expected benefit:</b> Who will benefit from this program (# of people and population served)? How long will the benefit be felt? (For a fixed length of time or will this create a permanent program/piece of infrastructure for the town?)                                |
| Description of why you, the applicant, are well suited to implement this project.  Do you have prior experience doing something similar? Do you have particular skills that are needed? Do you have relationships with partners in town that can help the project be successful? |
| 7) Are there underrepresented identities reflected in your community group/organization leadership? Please specify.  |
| 8) Please estimate the extent to which your community group/organization's leadership staff represents the people it serves by selecting one of these three options:   |
| <ul> <li>The organization needs to diversify its leadership to better reflect the people it serves.</li> <li>The organization's leadership somewhat reflects the people it serves.</li> <li>The organization's leadership greatly reflects the people it serves.</li> </ul>      |
| Please contact enfieldgtfc@gmail.com with any questions or for a status update on your request.  |