

Suffield Greater Together Community Fund Grant Application Form

Eligibility

- Organizations must be classified as a 501(c)(3) or use an eligible fiscal sponsor
- Town may serve as fiscal sponsor
- Funding must benefit residents of Suffield
- Areas not typically eligible: sectarian or religious programs

Guidelines

- The maximum grant award is \$5,000 (minimum \$250)
- A final report may be requested upon completion of the project
- Deadline for submission is 6/1/2021
- Decision on grant applications will be made by 8/2/2021

Application Process

- Please answer the following questions. If using a fiscal sponsor, please provide their contact information in addition to the organization's contact information. Please email completed applications to suffieldgtcf@gmail.com.

1) Organization Information

Organization or Community Group's Legal Name:

Fiscal Sponsor, if applicable:

Address:

Address 2:

City:

State:

ZIP:

Contact Name and Title:

Preferred Phone Number:

Website:

Implementing Organization's Annual Budget:

How many staff, if applicable:

How many volunteers has the organization utilized in the last year?

2) What is your organization's mission?

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3) Project / Program Information

Project/Program Name:

Dollar Amount Requested:

Total Project/Program Budget:

Geographic Area Served (*neighborhoods or entire town*)

Population Served: (*ex: age, gender, ethnicity, number of participants*)

4) Project category – below are project categories, but not limited to the following list:

Child Care

Education

Food

Healthcare

Housing

Infrastructure

Jobs

Mental Health

Parks & Rec

Senior Services

Other:

5) Project/Program Description:

Please briefly describe the project/program or activity. What do you plan to do?

6) Description of Need:

Why is the project/program you describe necessary? Is there anyone else already doing this?

7) Expected Benefit:

Who will benefit from this project/program (# of people and population served)? How long will the benefit be felt? (For a fixed length of time? Or will this project create a permanent program for the town?) Are there also any intangible benefits?

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8) 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?

9) Are any of the underrepresented identities listed below reflected among your community group/ organization's board and leadership staff? Check all that apply.

Black / African American

Indigenous American

Hispanic / LatinX

Asian / Pacific Islander Native

Women

Immigrant and or Non-native English speakers

LGBTQIA+

Persons with disabilities

Other:

10) Please estimate the extent to which your community group/organization's board and leadership staff represents the people it serves by selecting one of these three options:

The organization needs to diversify its leadership to better reflect the people it serves.

The organization's leadership somewhat reflects the people it serves.

The organization's leadership greatly reflects the people it serves.

11) Please submit any additional information not covered above that you think would be pertinent to this grant process.

Please note that based on the size of the grant we may request additional information.