**GREATER TOGETHER COMMUNITY FUND GRANT APPLICATION**

**Grant Requests from $250 to $2,999**

# Organization Contact Information

|  |  |
| --- | --- |
| Organization or CommunityGroup’s Legal Name: |  |
| Fiscal Sponsor, if applicable: |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name & Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Website: |  |
| Implementing Organization’sAnnual Budget: |  |

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program****Budget (or N/A is there is just one item)** |  |
| **Geographic Area Served:***(neighborhoods or entire**town)* |  |
| **Population Served:***(ex: age, gender, ethnicity, number of participants*) |  |

1. **Program Description:**

Please describe the program or activity for which you are seeking funding.

# Description of need:

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

# Expected benefit:

Who will benefit from this program (# of people and population served)?

**The following attachments are required** and can be emailed to: andoveradvisorycomittee@gmail.com.

Please use the following format: Name of Your Organization.filename.(doc.xls.pdf. etc.), i.e. ABC.501c3.doc

**Attachments required:**

1. Copy of your 501(c)(3), your fiscal sponsor’s 501(c)(3) or a letter from the Town of Andover indicating they will be your organization’s fiscal sponsor.
2. Copy of permit if applicable.