**Avon 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 Avon
* Areas not typically eligible: sectarian or religious programs

**Guidelines**

* The maximum grant award is $20,000
* 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** [**avontogetherfund@gmail.com**](mailto:avontogetherfund@gmail.com) **in a Word Document or PDF format.**

1. **Organization Contact Information**

|  |  |
| --- | --- |
| Organization or Community Group’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’s Annual Budget: | *Please attach a copy of your most recent 990 form.* |

2. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program Budget** | *See attached project budget form.* |
| **Geographic Area Served:**  *(neighborhoods or entire town)* |  |
| **Population Served:**  *(ex: age, gender, ethnicity, number of participants*) |  |

3. **Program Description:**

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

     

4. **Description of need:**

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

5. **Are there other partners involved in this project?**

6. **Expected benefit:**

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?)

7. **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?

8. **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

Hispanic/Latinx

Asian and or Pacific Islander

Native American/Indigenous

Women

Immigrant and or Non-native English speakers

LGBTQIA+

Persons with disabilities

Other

9. **Are there other underrepresented identities reflected in your community group/organization’s**

**board and staff leadership that you would like to include? Please specify.**

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. **Is this a one-time expenditure or is this project sustainable to meet ongoing funding?**

12.Organizations are not required to have accreditations to apply for funding, however the Committee

would like to be aware of any accreditations.

**Is your organization licensed or accredited?** Yes No

**If yes, has the license or accreditation ever been revoked or suspended?** Yes No

**If yes, please explain.**

*Please contact* [*avontogetherfund@gmail.com*](mailto:avontogetherfund@gmail.com) *with any questions or for a status update on your request.*