**Wethersfield Greater Together Community Fund**

**Grant Application Form**

Thank you for your interest in this grant funding opportunity. Please submit your application and budget to [WethersfieldAdvisoryFund@gmail.com](mailto:WethersfieldAdvisoryFund@gmail.com) no later than Wednesday, June 2, 2021. Grant awards will be announced by July 1st, 2021. All eligible applications will be considered, with preference given to those applications which address one or more of the greatest areas of concern identified by a survey which was administered from January 24th to March 1st, 2021. Those areas are:

* Support Services, including but not limited to: food assistance, energy assistance, at-risk youth programs, support for victims of domestic violence, support for disabled, elderly, or low-income residents
* Mental Health Services
* Public Safety
* Diversity and Equity
* Food Insecurity
* Affordable Childcare
* Economic Development

**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 Wethersfield
* Religious institutions are not eligible, except for non-sectarian activities that benefit the community-at-large

**Guidelines**

* The minimum grant award is $500. The maximum grant award is $30,000.
* 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 WethersfieldAdvisoryFund@gmail.com in a Word Document or PDF format titled with the organization name.**

1. **Organization Contact Information**

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

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program Budget**  **\*Please provide budget details, sample template attached** |  |
| **Any other funding sources for this project and the amount of funding from that source** |  |
| **Geographic Area Served:** *(neighborhoods or entire town)* |  |
| **Population Served:**  *(ex: age, gender, ethnicity, number of participants*) |  |

Please limit answers to the following questions to 300 words or less for each answer.

1. **Program Description:**

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

1. **Description of need:**

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

1. **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?) If necessary, how will you continue this project when grant funding ends?

6) **Areas of need:**

All eligible applications will be considered, with preference given to those applications which address one or more of the greatest areas of concern identified by a survey which was administered from January 24th to March 1st, 2021. Please select which, if any, of these topics are addressed by your application:

* Support Services, including but not limited to: food assistance, energy assistance, at-risk youth programs, support for victims of domestic violence, support for disabled, elderly, or low-income residents
* Mental Health Services
* Public Safety
* Diversity and Equity
* Food Insecurity
* Affordable Childcare
* Economic Development

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) **What efforts do you currently take to promote diversity, equity and inclusion within your organization, particularly for your Board of Directors and staff?**

Please, also note any under-represented groups you prioritize and how?

9) **Is there anything else you would like our committee to know that you were not able**

**to share in your answers above?**

*The Advisory Committee may contact you to request a site visit or other information to help us make a determination regarding your application. If your application is accepted, the Committee will follow up in 6 to 12 months after the grant is awarded to check on the progress of the project. Please contact* [*WethersfieldAdvisoryFund@gmail.com*](mailto:WethersfieldAdvisoryFund@gmail.com) *with any questions or for a status update on your request.*