**East Hartford Greater Together Community Fund**

**Grant Application Form Template**

**Eligibility**

* Organizations must be classified as a 501(c)3 (509(a)3 charities and private foundations are not eligible).
* Organizations that are not classified as 501(c)3 may use a fiscal sponsor.
* Towns may serve as fiscal sponsor.
* Funding must benefit residents of East Hartford.
* 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 EHcommunityfund@gmail.com in a Word Document or PDF format.**

**Organization Contact Information**

|  |  |
| --- | --- |
| **Organization or Community Group’s Legal Name:** |  |
| EIN Number: |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name & Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Website: |  |
| Name/address to mail check to: |  |
| Implementing Organization’s Annual Budget: |  |

|  |  |
| --- | --- |
| **Fiscal Sponsor Legal Name:** |  |
| Fiscal Sponsor EIN Number: |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name & Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Name/address to mail check to: |  |

1. **Program Information**

|  |  |
| --- | --- |
| **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*) |  |

1. **Program Description:**
   1. Please briefly describe the program or activity.
   2. What do you plan to do?
   3. What is your anticipated timeline?
   4. Include the budget sheet with the application.

1. **Description of need:**

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

1. **Expected benefit:**
   1. Who will benefit from this program (# of people and population served)?
   2. 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?).
   3. Do you plan to serve a specific underrepresented population? Please explain.

1. **Description of why the applying organization is 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?

1. **How does the applying organization leadership represent the community being served? Do you have underrepresented identities reflected in your community group/organization’s board and staff leadership that you would like to highlight? Please specify.**

*Please contact easthartfordcommunityfund@gmail.com with any questions or for a status update on your request.*