**Hartford Greater Together Community Fund**

**Grant Application Form**

The Hartford Greater Together Community Fund is pleased to announce a competitive grant opportunity, offering grants of $500 to $5,000 to benefit the residents of Hartford. All interested applicants must complete an application, due by 11:59 p.m. on October 5, 2022.

**Eligibility**

* Organizations must be classified as a 501(c)(3) non-profit.
* Organizations may have a fiscal sponsor.
* Organizations must have an annual operating budget of $1 million or less.
* Funding must benefit residents of Hartford.
* Organizations need to be based in Hartford.

**Guidelines**

* The maximum grant award is $5,000, minimum grant is $500.
* Funds may not be used for lobbying or any political activity.

**Deadlines**

* Application due October 5.
* Grant Period date is one year from the date of the Fund’s grant award letter.

**Focus**

* Project must serve one or more underserved populations of Hartford.

**Application Process**

* Please complete the application online from our website: <https://www.hfpg.org/donors/ways-to-give/community-funds/hartford> or email completed applications to [hartfordgreater2gether@gmail.com](mailto:hartfordgreater2gether@gmail.com).
* Please answer all of the questions below and include all of the required attachments.

**Required Attachments**

* A detailed line item program budget of all revenue sources and expenses.
* IRS 501(c)(3) letter.
* Organizational operating budget of the most recent fiscal or calendar year.

**Optional Attachments**

* Letters of support, up to 3 maximum.
* Other attachments (e.g., marketing materials, photographs, etc.).
* For an existing program, materials describing the program (e.g., evaluations, brochure)

**1) Organization Contact Information**

|  |  |
| --- | --- |
| Organization’s Legal Name: |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name & Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Website, if applicable: |  |
| Organization’s Annual Budget: |  |
| Name of Collaborating Organization, if applicable: |  |
| Collaborating Organization’s mailing address, if applicable: |  |
| Collaborating Organization’s contact name, if applicable: |  |
| Collaborating Organization’s contact email, if applicable |  |
| Collaborating Organization’s website, if applicable: |  |
| Collaborating Organization’s annual budget, if applicable: |  |
| Fiscal Sponsor Name, if applicable: |  |
| Fiscal Sponsor, Mailing Address, if applicable: |  |
| Fiscal Sponsor, Contact Name and Email, if applicable: |  |

**2) Program Information**

|  |  |
| --- | --- |
| Project Title (or note for operational support): |  |
| Dollar Amount Requested: |  |
| Total Project or Operational Budget |  |
| Geographic Area Served: *(neighborhoods or entire town)* |  |
| Population Served:  *(e.g. age, gender, ethnicity, number of participants*) |  |

**3) Description of Organization**

a. **State the mission of your organization**.

(250 word maximum)

b. **Provide a brief history and a summary of programs/activities**.

(250 word maximum)

**4) Project Description**

a. **Briefly describe the project. How do you plan to use the funds? Who is the project leader(s)? How will you market your program?**

(500 word maximum)

b. **How does this project align with your mission?**

(250 word maximum)

**5) Description of Need and Impact**

**Why is the project you describe necessary at this time? What are the expected benefits for the organization and the targeted community?**

(500 word maximum)

**6)** **Targeted Audience**

**Describe the demographics of the audience served by your project.**

(250 word maximum)

**7) Evaluation**

**How will you evaluate the project? What metrics will be used to determine the success of the project?**

(250 word maximum)

**8) Board of Trustees Demographics**

a. **Are any of the underrepresented identities listed below reflected among your 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

b. **Are there other underrepresented identities reflected in your organization’s leadership that you would like to include? Please specify.**

*Please contact* **hartfordgreater2gether@gmail.com** *with any questions*