**Eligibility**

* Organizations must be classified as a 501c3 or a municipality (509a3 charities and private foundations are not eligible)
* Organizations that are not classified as a 501c3 may use a fiscal sponsor that is a 501c3 or municipality.
* Funding must benefit residents of Somers
* Areas not eligible: sectarian or religious programs, individuals, for profit businesses
* Project must address one or more of the following priority areas:
  + Outdoor recreation projects
  + Mental health services
  + Establish a Farmers’ Market
  + Additional after school activities/Teen Center
  + Small business development

**Guidelines**

* Application is due September 15, 2022
* The maximum grant award is $15,000 (partial awards may be granted)
* Projects will be awarded by November 20, 2022
* A final report will 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** [**Somerscommunityfund@gmail.com**](mailto:Somerscommunityfund@gmail.com)**.**

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: |  |

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*) |  |
| **Please indicate which Priority Area you are seeking funding for:** | Outdoor Recreation  Farmers’ Market  After school activities/Teen Center  Small Business Development  Mental Health Services |

1. **Program Description:**

Please describe the proposed 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?)

1. **Priority Areas:**

How does your project fit within the identified priority areas?

1. **Sustainability:**

How will your organization sustain the proposed project once funding from the Community Funds has ended?

If you are granted partial funding, do you have the means to fund the portion not awarded?

1. **Experience:**

Please describe any previous experience your organization has in implementing similar projects/programs.