**East Windsor Greater Together Community Fund**

**Grant Application**

**Deadline to Apply: September 15, 2022**

**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 a fiscal sponsor.
* Funding must benefit residents of East Windsor
* Areas not typically eligible: sectarian or religious programs

**Guidelines**

* The maximum grant award is $10,000.00.
* 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**  ewcommunityfund@gmail.com **in a Word Document or PDF format. Completed applications can also be mailed to EW Community Fund Advisory Committee, c/o First Selectman’s Office, 11 Rye Street, Broad Brook, CT 06016.**

1. **Organization Contact Information**

|  |  |
| --- | --- |
| Organization or Community Group’s Legal Name: |            |
| Fiscal Sponsor, if applicable: |       |
| EIN Number (Required) |       |
| 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*) |       |

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?)

1. **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?

**7) 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 \_\_\_\_\_\_\_\_\_\_\_\_\_

**8) Are there other underrepresented identities reflected in your community group/organization’s board and staff leadership that you would like to include? Please specify.**

**9) 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.

**10) Please complete the Budget Worksheet on our** [webpage](https://www.hfpg.org/donors/ways-to-give/community-funds/east-windsor) **to complete the application.**

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