**Avon Greater Together Community Fund**

**Grant Application Form**

**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
* Registered 501c3s, towns, and/or municipal governments may serve as fiscal sponsor
* Funding must benefit residents of Avon
* Sectarian or religious programs are ineligible. However, grants can fund religious organizations/faith communities to do **non-religious activities** as long as the activity is open to everyone regardless of their religious affiliation and supports the community beyond its congregation.

**Guidelines**

* The maximum grant award is $50,000 and minimum amount awarded is $250
* A final report will be requested upon completion of the project

**Application Process**

Please answer the following questions and submit your 990 form and program budget. If using a fiscal sponsor, please provide their contact information in addition to the organization’s contact information. We have provided a courtesy copy of this application in a Word document. Please feel free to use it as a working draft and to keep a copy for your records. **Applications and the attachments (990 Form and budget) must be submitted** [**via this link**](https://forms.gle/q9gNWTuvahqzSp287). If you have technical issues related to the application, please email[**avontogetherfund@gmail.com**](mailto:avontogetherfund@gmail.com)**.**

**Part I: Organizational Overview**

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:** | *Please attach a copy of your most recent 990 form. This is in addition to the project budget form (below).* |

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program Budget** | *See attached project budget form. This is in addition to the 990 form (above).* |
| **Geographic Area Served:**  *(neighborhoods or entire town)* |  |

**Part II: Program Proposal**

1. **Program Description:**

Please briefly describe the program or activity. What are proposed activities and objectives of the project? (250 word max)

1. **Description of need:**

Why is the project you describe necessary?  Are other organizations or individuals offering the service/programming and if so, in  or outside of the Town of Avon? (250 word max)

1. **Partnerships, Affiliates and Associations:**

Describe other partners, affiliates or associations  involved in this project, if any? (250 word max)

**Part III: Impact**

1. **Expected Benefit:**

Describe the population who will benefit from this program including the demographics of the targeted group (as available).

1. **Expected Sustainability**:

What is the anticipated sustainability of the project including the length of time that the community will benefit from the program and how, if at all, the proposed activity will   create a permanent program/piece of infrastructure for the town. (250 word max)

**Part IV: Risk**

1. **Licensure/Accreditation:**

Organizations are not required to have accreditations to apply for funding, however the Committee would like to be aware of any accreditations.

Is your organization licensed or accredited? Yes No

1. **Revocations:** If yes, has the license or accreditation ever been revoked or suspended in

the last 10 years?   

Yes No

If yes, please explain.

**Part V: Organizational Effectiveness/Governance**

1. **Core Competency:**

**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? (250 word max)

1. **Board/Leadership:**

Describe the gender, race, ethnicity, disability, or sexuality, if known, of your  community group/organization’s board and leadership staff.   Check all that apply.

* Asian American and Pacific Islander
* Black/African American
* Hispanic/Latinx
* Immigrant and or Non-native English speakers
* LGBTQIA+
* Native American/Indigenous
* Persons with disabilities
* White
* Women
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Board/Leadership:**

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.

1. **Other:**

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

**Part VI: Effort**

1. **Implementation:**

What is the expected time frame (weeks or months) to implement the project?

1. **Capacity:**

What is the anticipated time frame before the project can expect to realize benefits to

the targeted population?

*Please contact* [*avontogetherfund@gmail.com*](mailto:avontogetherfund@gmail.com) *with any questions or for a status update on your request.*