Rocky Hill Greater Together Community Fund Application

The purpose of the Rocky Hill Greater Together Community Fund is to design and lead an inclusive process to identify the needs in Rocky Hill, and design a grantmaking process aimed to ensure that the Greater Together Community Funds can have the greatest impact for the benefit of our town residents.

* Indicates required question



Eligibility

To apply for this grant opportunity, organizations must be classified as a 501(c)(3) or partner with a fiscal sponsor that is a 501(c)(3) or municipality. 509(a)(3) charities and private foundations are not eligible. All funding must benefit residents of Rocky Hill. Individuals and 'for profit' businesses are not eligible to apply. Sectarian or religious programs are typically not eligible (exception being for community programs open to all Rocky Hill residents regardless of affiliation).

Guidelines

The 2023 application process will be open from May 1 until June 30, 2023. Grant awards will range from \$250 to a maximum of \$10,000. Awarded organizations will be required to submit a final report, including fiscal information, upon completion of project. Grant requests must be used for future projects, not to cover previous expenses. For full consideration in this grantmaking cycle, please complete this form and email full project/program budget as instructed by 11:59 P.M. on June 30, 2023. Decision of grant applications will be announced in September. For more information or any questions, please contact rockyhillcommunityfund@gmail.com.

Organization's Information

1.	Organization's Legal Name *
2.	Organization's Mission *
3.	Address *
4.	Address 2
5.	Zipcode *
6.	Website

7.	Organization's Annual Budget *
8.	Are any of the underrepresented identities listed below reflected among your community group/organization's board and leadership staff? (Check all that apply)
	Check all that apply.
	African American
	Hispanic
	Native American
	Asian or Pacific Islander
	LGBTQ+
	Immigrant or Non-Native English Speakers
	Persons with Disabilities
	Other:
9.	How Many Staff (If applicable)
10.	Number of Volunteers the Organization has Utilized in the Last Year *
11.	Contact Name & Title *
12.	Preferred Phone Number *

13.	Email Address *
14.	Are you registered as a 501(c)(3) *
	Mark only one oval.
	Yes Skip to question 15
	No Skip to question 16
	501(c)(3)
Ans	swer the following questions if your organization is registered as a 501(c)(3).
15.	Federal EIN Number of Organization *
Skip	to question 22
	Not 501(c)(3)
spo cor	ot registered as a 501(c)(3), organizations must must apply with a separate fiscal onsor: municipality, 501(c)(3). For further questions questions on exceptions, please ntact the Rocky Hill Community Fund Committee at rockyhillcommunityfund@gmail.com . swer the following questions if your organization is not registered as a 501(c)(3).
16.	Name of Fiscal Agent/Sponsor *

Fiscal Sponsor Designation *
Mark only one oval.
501(c)(3)
Municipality
Other:
Federal EIN Number of Fiscal Sponsor *
Address for Fiscal Sponsor
Fiscal Sponsor Contact Name *
Fiscal Sponsor Contact Email & Phone Number *
to question 22
Project
Project Name *

23.	Total Project Budget *		
24.	Please describe your project timeline *		
25.	Dollar Amount Requested *		
26.	Please disclose if your organization has re Together Community Fund Committees, a	_	*

Project Category *	
Mark only one oval.	
Child Care	
Education	
Food	
Healthcare	
Housing	
Infrastructure	
Jobs	
Mental Health	
Senior Services	
Other:	
Project Description Please Describe the Project (What do you plan to do?) *	
Please Describe the Project (What do you plan to do?)* Are all approvals and permissions in place for starting this project (i.e. any	
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Description of Need

there any other agencies or programs addressing the same issue in Rocky? If yes, how is this project different?
ojected Benefits
icipated number of people served by this program *
scribe the population your program or project will serve (for example: number participants, age, gender, ethnicity, geographic areas/neighborhoods, etc.)

Does this project positively impact any of the following groups of people? (Check all that apply)
Check all that apply.
African American
Hispanic
Native American
Asian or Pacific Islander
LGBTQ+
Senior Citizen
Veterans
Houseless
Persons with Disabilities
Other:
Describe the expected benefit(s) of the project. How long will the benefit(s) be felt (example: fixed length of time or permanent piece of infrastructure)? How will the benefit(s) be measured?
(example: fixed length of time or permanent piece of infrastructure)? How will the
(example: fixed length of time or permanent piece of infrastructure)? How will the benefit(s) be measured? Additional Information
(example: fixed length of time or permanent piece of infrastructure)? How will the benefit(s) be measured?

Do you ha details.	ive prior experience doing something similar? If so, please provide
What part project?	icular skills does the organization have to see the success of the
What are	potential challenges/obstacles the organization may face when
	this project? How will they be overcome?

40.	Please add any additional information not covered above that you believe to be relevant or pertinent
	Thank You for Applying!
In add linked includ list all by title any qu	ct Budget Information ition to completing this application form, please make a copy of the Google Spreadsheet below and share a copy with us. A link can also be found on our website. Be sure to e all items required to carry out the project, even if they are not part of the request. Please staff positions that are directly responsible for implementation of the project as line items, e, and include level of engagement with the project (ex5 FTE). For more information or lestions, please contact rockyhillcommunityfund@gmail.com . e know that additional information and/or documents may be requested
•	onses may not be edited after submission. Please review all provided information nswers before submitting.

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