

East Hartford Greater Together Community Fund Grant Application Form

Eligibility

- Organizations must be classified as a 501(c)3 (509(a)3 charities and private foundations are not eligible)
- Organizations that are not classified as 501(c)3 may use a fiscal sponsor
- Towns may serve as fiscal sponsor
- Funding must benefit residents of East Hartford
- Areas not typically eligible : sectarian or religious programs
- For profits are not eligible

Guidelines

- The maximum grant award is \$5,000
- The minimum grant award is \$250
- A final report will be required 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 ehcommunityfund@gmail.com in a Word Document or PDF format.

*Email: _____

*Organization or Community Group's Legal

Name: _____

*EIN Number: _____

*Address: _____

*Address 2: _____

*Contact Name and Title: _____

*Contact Phone Number: _____

*Contact Email: _____

*Name/Address to mail check to:

Fiscal Sponsor and EIN Number, if applicable:

Address (for Fiscal Sponsor):

Address 2 (for Fiscal Sponsor):

City, State, Zip Code: _____

Contact Name & Title (For Fiscal Sponsor): _____

Contact Phone Number (For Fiscal Sponsor): _____

Contact Email (For Fiscal Sponsor): _____

Name/Address to mail check to: _____

Implementing Organization's Annual Budget: _____

*Program Name: _____

*Dollar Amount Requested: _____

*Total Project/Program Budget: _____

*Geographic Area Served: _____

*Population Served:

(ex:age, gender, ethnicity, number of participants)

*Program Description

a. Please briefly describe the program or activity.

*Program Description

b. What do you plan to do?

*Program Description

c. What is your anticipated timeline?

*Program Description

d. Please download, complete, and then upload the completed budget form.

https://www.hfpg.org/application/files/8116/5418/5191/Project_Budget_Form-Community_Fund.xlsx

Description of need:

Why is the project you describe necessary? Is there anyone else already doing this?

Expected Benefit:

a. Who will benefit from this program (# of people and population served)?

Expected Benefit:

b. 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)?

Expected Benefit:

c. Do you plan to serve a specific underrepresented population? Please explain.

Description of why the applying organization is 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?

How does the applying organization leadership represent the community being served?
Do you have underrepresented identities reflected in your community
group/organization's board and staff leadership that you would like to highlight? Please
specify.

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