**Hebron Greater Together Community Fund**

**2024 Project Grant Application**

**Deadline: November 1, 2023**

The Goal of the Hebron Greater Together Community Fund is to award grants that will support programs addressing a need that improves the quality of life for the citizens of the Hebron Community.

1. **Hebron Greater Together Community Fund Objectives**
* Improve the diverse participation and impact of current programs.
* Encourage the creation of innovative **NEW** initiatives for underserved populations.
* Develop enhancements to current programs.
1. **Eligible Applicants**
* Non-profit 501c3 organizations that serve the citizens of Hebron.
* Hebron individuals or groups of citizens may submit an application in partnership with a registered non-profit organization that has agreed to serve as the fiscal agent for the proposed project.
* Projects that primarily benefit Hebron citizens.

1. **Grant Awards**
* **Minimum** grant: **$500.**
* **Maximum** grant: **$5,000.**
* **Grants less than $1,000** - do not require matching $ donations.
* **Grants over $1,000** - require matching $ donations of either monetary (cash) and/or in-kind donations of equipment, labor, materials, services, etc.
1. **Application Review Process**
* Submit Completed Application in a Word Document and send to: HebronCommunityFund@gmail.com
**November 1, 2023**
* Each applicant will be interviewed by a member(s) of the Hebron Community Fund Advisory Committee.
* The Committee will evaluate the Applications based on the Fund’s Goal and Objectives.
* Hebron Greater Together Community Fund 2023 Grant Award Announcements will be made on or around (date).

**2024 Project Grant Application Form**

1. **Organization Contact Information**

|  |  |
| --- | --- |
| Organization or Community Group’s Legal Name: |       |
| Address: |  |
| Address 2: |       |
| City, State, Zip Code: |       |
| Contact Name & Title: |    |
| Contact Phone Number: |  |
| Contact Email: |       |
| Website: |       |
| Fiscal Sponsor, if applicable |  |
| Organizations or Fiscal Sponsor’s EIN (Employer Identification Number) |  |

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |   |
| **Dollar Amount Requested:**  |  |
| **Total Project/Program Budget** |  |
| **Geographic Area Served:** *(neighborhoods or entire town)* |        |

Note:

For the following answers please use as much space as you need by adding lines.

Do not attach additional documents.

3) Describe the Program including responses to the following:

1. Why has the program been developed?

b) Who are the target audience and/or participants?

c) What will happen during the program’s implementation?

d) When will the program take place?

e) Where will the program take place?

4) Describe the Program’s anticipated impact and benefits to the Hebron Community.

5) How will the Program be evaluated?

6) Program Budget:

(Add rows to these tables if you need more space)

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| **EXPENSE** Describe Item | **Amount $** |
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| **Total Expenses** |  |

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| --- | --- |
| **INCOME** Describe Source | **Amount $** |
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| Hebron Community Fund (Amount requested) |  |
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| In Kind Services (if required) Describe Service/Item and its Dollar Value |  |
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|  |  |
| **Total Income** |  |

NOTE: Submit this completed application by **November 1, 2023** to
HebronCommunityFund@gmail.com