**ANDOVER GREATER TOGETHER COMMUNITY FUND GRANT APPLICATION**

**Grant Requests from $250 to $5,000**

**Prior to completing this application, please review the Andover Greater Together Community Fund website at:** [**www.hfpg.org/andovercf**](http://www.hfpg.org/andovercf)**.**

**If there is a question for which you do not have an answer, please enter N/A.**

# Organization Contact Information

|  |  |
| --- | --- |
| Organization or CommunityGroup’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’sAnnual Budget: |  |
| 501(c)(3) EIN Number |  |
| Should you receive a grant, please indicate who the check should made out to. |  |

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program****Budget (or N/A is there is just one item)****(IF THIS IS A MULTIPLE YEAR PROJECT, PLEASE INCLUDE A DETAILED BUDGET FOR ALL YEARS)** |  |
| **Geographic Area Served:***(neighborhoods or entire town)* |  |
| **Population Served:***(ex: age, gender, ethnicity, number of participants*) |  |

1. **Program Description:**

 Please describe the program or activity for which you are seeking funding.

# Description of need:

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

# Expected benefit:

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

1. **If we do not fully fund the project, how will you raise the remaining funds needed?**

# If you have received a prior grant from the Andover Greater Together Community Fund,

#  Indicate date of the grant award, amount and whether you submitted a post grant evaluation. If you have not submitted a post grant evaluation, you can access it at:

[**www.hfpg.org/andovercf**](http://www.hfpg.org/andovercf)**.**

**The following attachments are required** and can be emailed to: andoveradvisorycomittee@gmail.com.

Please use the following format: Name of Your Organization.filename.(doc.xls.pdf. etc.), i.e. ABC.501c3.doc

**Attachments required:**

1. Copy of your 501(c)(3), your fiscal sponsor’s 501(c)(3) or a letter from the Town of Andover indicating they will be your organization’s fiscal sponsor and their EIN number.
2. Itemized program budget including item description, unit cost, number of items, total
3. Copy of permit if applicable.