**ANDOVER** **GREATER TOGETHER COMMUNITY FUND GRANT APPLICATION**

**Grant Requests from $3,000 to $10,000**

**Prior to completing this application, please review the Andover Greater Together Community Fund website at: https://www.hfpg.org/donors/ways-to-give/community-funds/andover.**

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

# 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: |  |
| 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**  **(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. Include the goal, objectives, methods, strategies and timeline.

# 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)? 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?)

1. **Plan of evaluation. How will you measure success of the program?**
2. **If we do not fully fund the project, how will you raise the remaining funds needed?**

# Description of why your 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?

# Please explain how reflective your organization is of the people it serves by indicating which underrepresented groups are on your organization’s board and leadership staff. Are there other groups you would like to include?

# 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.

**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.

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. Recent audit. If you organization does not file an audit, please provide a copy of your organization’s most recent treasurer’s report.
3. Organization budget
4. Itemized program budget including item description, unit cost, number of items, total
5. Listing of funds received and grants pending for this project.
6. Listing of Board of Directors
7. Copy of permit if applicable.