**Bloomfield Greater Together Community Fund**

**Application Form**

**Due: Friday, May 3, 2024**

**Eligibility**

* Organizations must be classified as a 501c3 (509a3 charities and private foundations are not eligible).
* Organizations that are not classified as 501c3 may use a fiscal sponsor.
* Towns may serve as fiscal sponsor.
* Funding must benefit residents of Bloomfield.
* Areas not typically eligible: sectarian or religious programs.

**Guidelines**

* The minimum grant award is $500.00.
* The maximum grant award is $10,000.00.
* A final report may be requested 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** [**bloomfieldcommunityfund@gmail.com**](mailto:bloomfieldcommunityfund@gmail.com) **(Word Document or PDF format) by the due date of Friday, May 3, 2024.**

1. **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: |  |

1. **Program Information**

|  |  |
| --- | --- |
| Program Name: |  |
| Dollar Amount Requested: |  |
| Total Project/Program Budget |  |
| Geographic Area Served: *(neighborhoods or entire town)* |  |
| Population Served:  *(ex: age, gender, ethnicity, number of participants*) |  |

1. **Project Description:**

Please briefly describe the project or activity, including the duration and planned start date. What do you plan to do?

1. **Description of need:**

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

1. **Expected benefit:**

Who will benefit from this project (number of people and/or population served) and what will the project impact be?

1. **Description of why you, the applicant, are 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?

1. **Are any of the underrepresented identities listed below reflected among your community group/organization’s board and leadership staff? Check all that apply.**

* Black/African American
* Hispanic/Latinx
* Asian and or Pacific Islander
* Native American/Indigenous
* Women
* Immigrant and/or Non-native English speakers
* LGBTQIA+
* Persons with Disabilities
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please estimate the extent to which your community group/organization’s board and leadership staff represents the people it serves by selecting one of these three options:**

\_\_\_\_ The organization needs to diversify its leadership to better reflect the people it serves.

\_\_\_\_ The organization’s leadership somewhat reflects the people it serves.

\_\_\_\_ The organization’s leadership greatly reflects the people it serves.

*Please contact* [*bloomfieldcommunityfund@gmail.com*](mailto:bloomfieldcommunityfund@gmail.com) *with any questions or for an update on the status of your request.*