****

May 2020

Dear Manchester Neighbor,

In 2019, the Hartford Foundation for Public Giving (HFPG) established a $100,000 community fund for each of the 29 towns in the Foundation’s region. Manchester is one of HFPG’s Community Fund recipients.

The purpose of the community funds program is to support residents in taking ownership around the needs in their towns, to encourage broad and inclusive civic engagement, and to connect HFPG with each town.

Town residents will play a lead role in deciding how their community funds will be used. Each town’s community fund will be managed by an Advisory Committee of town residents that must be inclusive, representative, and reflect the residents of the community. The Advisory Committee will identify community needs and design a grant-making process aimed to ensure that the community funds will have the greatest positive impact for the benefit of town residents.

Residents who attended the HFPG Community Fund Kick-Off Meeting in November 2019 were invited to participate on the Selection Committee that is responsible for establishing the inaugural Advisory Committee. The Selection Committee is now accepting nominations and applications from Manchester residents interested in serving on the Manchester Greater Together Community Fund Advisory Committee.

To learn more about the Manchester Greater Together Community Fund, please visit: [www.hfpg.org/communityfunds](http://www.hfpg.org/communityfunds) and click on the Manchester tab, or follow us on our Facebook page, “Manchester Greater Together Community Fund.” If you would like to **submit a nomination** for the Manchester Greater Together Community Fund Advisory Committee, please contact: manchestercommunityfund@gmail.com. If you would like to **be considered for membership** on the Advisory Committee, please visit [www.hfpg.org/manchestercf](http://www.hfpg.org/manchestercf) to access the application (online or for download). Please call (860-338-1612) if you are not be able to access the application online or have any questions about the Advisory Committee.

Thank you for taking an interest in our community. We look forward to working together for Manchester.

Sincerely,

Manchester Greater Together Community Fund Selection Committee

manchestercommunityfund@gmail.com

****

**Manchester Greater Together Community Fund Advisory Committee Application**

**Thank you for your interest in serving on the Manchester Greater Together Community Fund Advisory Committee. Applications will be reviewed by the Manchester Greater Together Community Fund Selection Committee, which is comprised of town residents, individuals who work in Manchester, and other community members committed to making Manchester an inclusive and equitable place for all residents.**

**Applications are due Friday, July 31, 2020** *(This is subject to change. Updates will be posted online:* [*www.hfpg.org/manchestercf*](http://www.hfpg.org/manchestercf)*)*

Applications can be submitted in one of four ways:

1. Scan completed application and email to: manchestercommunityfund@gmail.com
2. Visit **www.hfpg.org/manchestercf** to access the application online. Please note: residents under the age of 18 will need to submit signature approval from parent or guardian.
3. Mail completed application to: Manchester Community Fund, c/o Heather Guerette, P.O. Box 191, Manchester, CT 06045-0191

Full name:

Street Address:

City/State/Zip:

Number of years living in Manchester:

Telephone number:

Email address:

***Are you a Manchester resident? (Check one. Only Manchester residents can apply.)*** ***[ ]  Yes*** ***[ ]  No***

1. **Why are you interested in participating in the Advisory Committee for the Manchester Greater Together Community Fund?**

1. **What unique talents or skill sets would you bring as an Advisory Committee member?**

1. **Have you been part of any organizations, clubs or groups? If so, please list.**

1. **The Advisory Committee will meet on a regular basis (1-2 times a month). Do you have the time to be an active member of the Advisory Committee? Please note, the Advisory Committee requires a minimum 1 year commitment.**

Diversity and the representation or inclusion of different voices on the Advisory Committee is a top goal. **The following questions are optional**. Your answers, should you choose to provide them, will help the selection committee choose an Advisory Committee that fully represents the Manchester Community. **You can answer all or some of these questions, as you feel comfortable.**

**Gender:**

**Age:**

[ ]  14 – 17

[ ]  18 – 25

[ ]  26 – 35

[ ]  36 – 45

[ ]  46 – 55

[ ]  56 – 64

[ ]  65 or over

**Race/Ethnicity:**

**(Check all that apply)**

[ ]  Asian/Pacific Islander

[ ]  Black/African-American

[ ]  Hispanic/Latino

[ ]  Indian

[ ]  Native American/American Indian

[ ]  White

[ ]

**Marital Status:**

[ ]  Single [ ]  Married

[ ]  Divorced [ ]  Widowed

**Military Veteran:**

[ ]  Yes [ ]  No

**Do you:**

[ ]  Rent

[ ]  Own

[ ]

**Employment Status:**

[ ]  Employed full time (30+ hours per week)

[ ]  Part time (less than 30 hours)

[ ]  Unemployed/currently seeking employment

[ ]  Student

[ ]  Disabled

[ ]  Retired

[ ]

**Highest Education Completed:**

[ ]  Some High School

[ ]  High School Diploma/GED

[ ]  Associates Degree

[ ]  Bachelor's Degree

[ ]  Master’s or Other Post Graduate Degree

[ ]

**Religious affiliation , if any:**

**Number of children under 18 years:**

**Country of Birth:**

**Do you wish to share any other demographic information that you feel would be relevant for the Selection Committee? (For example, sexual orientation, foreign languages, etc.):**

**References: Given COVID-19, we may only be able to conduct interviews with Advisory Committee candidates on the phone. To help us learn more about you and how you might be a good fit for the Advisory Committee, please provide the name and contact information of one or two friends, neighbors, or co-workers we could speak with about your application.**

***Reference #1***

Full name:

Contact email and/or phone:

In what capacity do you know this person:

***Reference #2***

Full name:

Contact email and/or phone:

In what capacity do you know this person:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you under the age of 18?** YES NO

**If under age 18, what are your interests outside of school?**

***Interested applicants under the age of 18 must obtain permission from a parent or guardian.***

**Permission:**

I hereby give permission for my child,      , to be a member of the Manchester Greater Together Community Fund Advisory Committee and to participate in all meetings and activities of the same. I understand that the Community Fund may wish to make known the success of this venture, and I therefore authorize my child to appear in photographs or other publications for publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_