



Grassroots Grant Application

Tell Us About Your Group

Group Name

Has your group ever received a grant from the Connecticut Community Foundation?

Yes No Not Sure

If yes, what was the Project Name?

Year Grant was Received

Who are the key leaders of this project?

Please list at least three unrelated leaders who will be responsible for this project. These leaders will be contacted by Grant Committee Volunteers to learn more about your project.

The demographic questions (gender, age, and race/ethnicity) below are optional. This information will not have any affect on your grant request.

1) Name

Check if this is the primary grant contact

Address

City

State

Zip Code

Email

Phone #

Primary Language

Gender

Age

English

Male

Youth (24 & Under)

Spanish

Female

Adult (25- 65)

Other

Other

Older Adult (65+)

Race / Ethnicity

African American

Latino

Caucasian

Asian/Pacific Islander

Native American

Other

2) Name

Check if this is the primary grant contact

Address		City	State
Zip Code		Email	Phone #
Primary Language		Gender	Age
English		Male	Youth (24 & Under)
Spanish		Female	Adult (25- 65)
Other		Other	Older Adult (65+)
Race / Ethnicity	African American	Latino	
	Caucasian	Asian/Pacific Islander	
	Native American		
	Other		

3) Name **Check if this is the primary grant contact**

Address		City	State
Zip Code		Email	Phone #
Primary Language		Gender	Age
English		Male	Youth (24 & Under)
Spanish		Female	Adult (25- 65)
Other		Other	Older Adult (65+)
Race / Ethnicity	African American	Latino	
	Caucasian	Asian/Pacific Islander	
	Native American		
	Other		

4) Name

Address		City	State
Zip Code		Email	Phone #
Primary Language		Gender	Age
English		Male	Youth (24 & Under)
Spanish		Female	Adult (25- 65)
Other		Other	Older Adult (65+)

**Race /
Ethnicity**

African American

Latino

Caucasian

Asian/Pacific Islander

Native American

Other

Tell Us About Your Project

Please type or print your responses below.

1) What is this project called?

2) When and where will this project take place?

3) Tell us about the neighborhood where your project will take place.

Where is it? What is it called? Who lives there? How are you connected to it?

If you have any statistics about the race, ethnicity, income, or age of the people who live in your community, please share this information here.

4) Describe your project and how it will strengthen your neighborhood.

5) Please read the goals listed below, and check the box for each goal that you think your project will accomplish.

Our project will build positive relationships among residents in our community.

Our project will develop resident leaders in our community.

Our project will help residents organize to create positive change in our community.

Our project will connect residents across neighborhoods so we can learn from one another and take action on common concerns.

Other

6) Describe your project in steps.

What will you do first? What will you do next? When do you think you will complete each step?

7) Please list the resources you will need for this project.

For example: donated services, individual volunteers, support from local organizations or businesses, etc. Explain how these resources will help you and your group accomplish your project. Have you already lined up these resources or do you plan to?

8) How will you know if this project is successful?

What do you hope to achieve by the end of the project? What do you think will be the hardest part of the project?

9) Are you working with any other groups, organizations, or institutions on this project?

Yes

No

If yes, please tell us about the group(s).

(1) Name of
Group

Contact
Person

Contact's
Phone #

Address

Email

(2) Name of
Group

Contact
Person

Contact's
Phone #

Address

Email

If you are working with more than two groups, please attach the contact information on a separate sheet.

Complete a Project Budget

Please list all the expenses you think your project will need.

NOTE: THE MAXIMUM GRANT AWARD IS \$1,500.

Cost for
Materials (\$)

Cost for
Food (\$)

Cost for
Printing (\$)

Cost for
Meeting
Space (\$)

Other
Expenses

Will you be hiring anyone to help with your project? Is there cost for child care? For a trainer or speaker?

Other
Expenses

Any other expenses?

Other
Expenses

Any other expenses?

**Total
Expenses**

What is the total amount you are requesting from the Connecticut Community Foundation for your project? (\$) **This should not be greater than \$1,500.**

When do you need the funding in order to start the project on time? **NOTE: It takes at least 30 days to review your grant. If you have a project that starts on September 1st, please submit your application by August 1st.**

Are you planning to ask other organizations or businesses for funding for your project?

Yes No

If yes, list below your ideas about who you plan to ask.