Organization, Primary Contact, Fiscal Agent

Organization Information

Legal Name of Organization *

Please click on Organization Profile in the bar at the top of the page now to review your information.

Has any of your organizational information changed?

No   Yes

Institution Type

non-profit organization (501c3)

We now require you to complete the Nonprofit Registration to Solicit Funds from the CT Department of Consumer Protection.

Select your organization's current status: *

My organization is currently registered

Total Number of Staff Employed by Organization: *

Number of Board Members: *

Number of Senior Leadership Staff: *
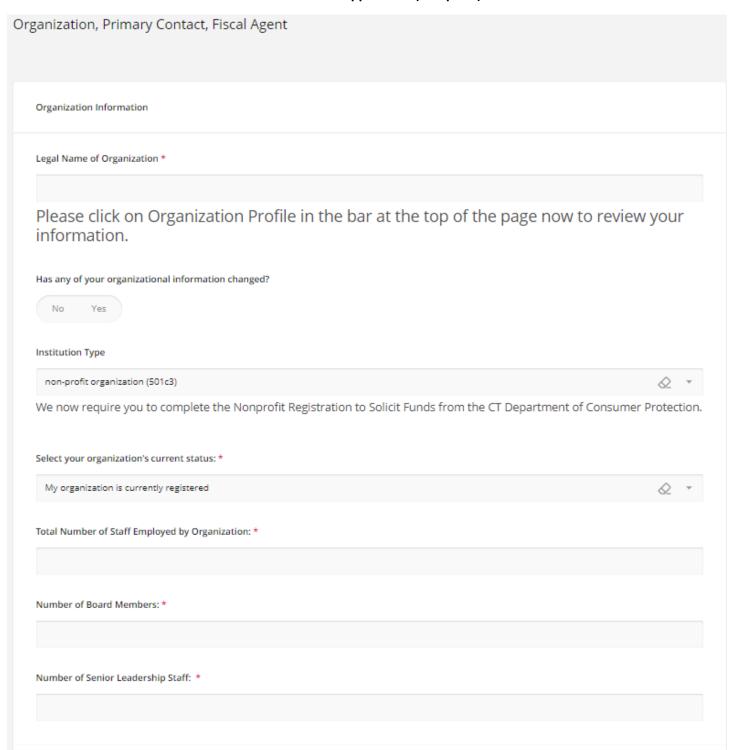
Organization Demographics

Connecticut Community Foundation has embraced a strategic direction, grounded in data and informed by community input. We have determined as an organization that, in order to be effective and have the greatest impact, we need to pursue equitable and just outcomes aimed at reducing disparities. As such, we encourage our nonprofit partners to take stock of their organizational leadership and to consider if it is reflective of the community that it serves. (The Foundation, being in the midst of its own organizational journey, humbly recognizes that this process can take time.) So that we can better understand the makeup of your organizational leadership (Board members and Senior Leadership staff), please provide the following demographic information to the best of your ability. If you have questions about this section, contact Foundation staff for more information.

Please provide the following demographic information for the Executive Director:

Does the Executive Director (or equivalent) of the organization identify as Black, Indigenous, Person of Color (BIPOC)? *

Select...	▼

Race/Ethnicity *

Select...	▼

Gender *

Select...	▼

Race/Ethnicity	Board of Directors	Senior Leadership Staff (Other than Executive Director)
Asian / Asian American		
Black / African American		
Hispanic / Latino/a/x		
Multi-Racial / Multi-Ethnic		
Native American / Alaska Native		
Native Hawaiian / Pacific Islander		
White (Non-Hispanic)		
Other / Unspecified		

Gender	Board of Directors	Senior Leadership Staff (Other than Executive Director)
Female		
Male		
Non-Binary		
Transgender		
Other/Unspecified		

Are there additional populations that serve on your Board or Senior Leadership Team that you would like us to know about (such as youth, older adults, people with disabilities, LGBTQ+ individuals, etc.)?

500 characters remaining

Project Information

Project / Request Name *
Character Limit: 100

Total Project Cost *

Amount Requested from CCF *

Estimated Project Start Date *

mm/dd/yyyy

Estimated Project End Date *

mm/dd/yyyy

Estimated # of People Served by Project *

Priority Area Addressed by Grant *

Select...

Please provide a very brief (1-2 sentence) description of your proposed grant project. *❓

Character Limit: 250

300 characters remaining

Is this a reapplication request for the continuation of a project the Foundation supported within the past 2 years? *

No   Yes

Request Narrative

Please provide a brief description of your agency's mission, principal services, and primary clients. *

3000 characters remaining

Please describe the specific need/issue that your project will address. *

Briefly, how did you determine this need? Did you engage the community in this process? If so, how? You may include data, surveys, community input, or any other methods you used. *

2000 characters remaining

How does your proposed program or project relate to the Foundation's funding priorities in this particular grant area? (Please refer to Grant Guidelines)

2000 characters remaining

Workplan (Details of Proposed Request)

How, when and where do you plan to implement the grant? List principal steps to complete the program (e.g. hire staff, recruit participants, carry out training, purchase equipment, etc.), proposed dates for activities, and where they will take place. *

2000 characters remaining

Who in your organization will be responsible for these activities? Please briefly describe what experience (professional or personal), if any, specified staff have with the issue/topic being addressed. *

2000 characters remaining

Do you plan to collaborate with other agencies or partners on this work? If so, please list these partners and detail the nature of this collaboration. *

2000 characters remaining

Results & Outcomes

What are your goals for this proposal? How will you know that your project is successful?

List the specific, projected results of your activities. For each goal, please note:
- How much do you expect to have you done (for example, number of participants attending all sessions)?
- How well do you expect to have done it (specific benefits/progress participants achieved, client satisfaction, etc.)?
- How will you have measured it? What tool will you use to assess the result (for example, surveys, pre- and post tests etc.)?

2000 characters remaining

Leveraging & Sustainability

Do you expect this potential grant to help raise or leverage additional funding for the project? *

2000 characters remaining

What resources have you explored/identified that could help to keep this work going after this requested grant is finished? (For instance, fees for service, donations, grants, public funding, etc.) *

2000 characters remaining

Attachments

Click here to download project budget template.

Project Budget for New Request

Drop a file here or click the button below to load the file.

Choose file

Organizational Operating Budget for current year

Drop a file here or click the button below to load the file.

Choose file

Board of Directors List, with contact information

Drop a file here or click the button below to load the file.

Choose file

You can use this section to upload a letter of support/collaboration, feasibility study, vendor bid, etc.
• If applying for a collaborative project, attach a letter of support from partner(s).
• If applying for a program in schools, attach a letter(s) of commitment.
• If applying for a capital campaign, attach a copy of your campaign feasibility study.
• If applying for equipment, technology or other capital costs, attach any bids you have received. There is a minimum of one bid.

Other documentation (as needed)

Drop a file here or click the button below to load the file.

Choose file

Signatures

Electronic Signature of Person Completing Application *

Sign here

Name *

Title *

Date Signed *

mm/dd/yyyy

Electronic Signature of Executive Director or equivalent *

Sign here

Name *

Title *

Date Signed *

mm/dd/yyyy

Connecticut Community Foundation
Grant Budget Form

This form is for single year requests. For multiyear requests, please complete one budget form for each year.

Eligible Expenses: The Foundation typically funds direct costs. Organizations are encouraged to include indirect/overhead expenses in the appropriate section below. An explanation of the request is required if these costs exceed 10%.

Direct Costs: These are expenses are directly related to completing the grant deliverables. May include: staff salary, fringe benefits, equipment or materials, marketing, or outside services required.

Indirect Costs: These are overhead expenses. May include: rent and utilities, general and administrative expenses, and publicity and fundraising.

Personnel (Last Name, Position, % of Total Hours, Total Salary)	Support from Applicant	Support Requested from the Foundation	Support from Other Funders*	Project Total
EXAMPLE: Smith, Program Director 85% FTE, $35,000	$ 29,750	$3,000	$2,250	$ 35,000
1)				$ -
2)				$ -
3)				$ -
4)				$ -
5)				$ -
Total Fringe Benefits (@ __%)				$ -
Subtotal Personnel	$ -	$ -	$ -	$ -

Other Program Expenses				
EXAMPLE: Printing Brochures: 10,000 x .03/copy	$ -	$150	$150	$ 300
1)				$ -
2)				$ -
3)				$ -
4)				$ -
5)				$ -
Subtotal Other Expenses	$ -	$ -	$ -	$ -

Indirect and Overhead Expenses (up to 10%)				$ -
If indirect/overhead expenses are above 10%, please explain:				
TOTAL EXPENSES	$ -	$ -	$ -	$ -

*Support from Other Funders (should equal the total of the "Other Funders" column above)			
Funder's Name	**Funding Amount**	**Status: Committed, Pending, Projected**	**Estimated Funding Decision Date**
EXAMPLE: Ford Foundation, Participant Fees, etc.	$ 10,000	Pending	3/1/2019
1)			
2)			
3)			
4)			
Total Revenue (From Other Funders)	$ -		