

# Grassroots Grant Application (Template)

## Organization, Primary Contact, Fiscal Agent

### Organization Information

Organization or Community Group \*

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

Organization Type

fiscally-sponsored group



Select your organization's status with regard to the Nonprofit Registration to Solicit Funds from the CT Department of Consumer Protection: \*

My organization has applied for exemption



### Lead Project Organizer

First Name \*

Last Name \*

Title \*

Email Address \*

Telephone Number \*

Race/Ethnicity

Select...



Gender

Select...



Are there additional Main Project Organizers? \*

No Yes

Are you partnering with a fiscal sponsor for this application (if your organization does not have 501c3 nonprofit status)? \*

No Yes

## Project Information

If you have any questions, please contact the Foundation at 203-753-1315, x 118 or [pmckenna@connct.org](mailto:pmckenna@connct.org).

Project / Request Name \*

Character Limit: 100

Does your project have a specific neighborhood focus?

Select...

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 \*

## Request Narrative

Briefly, describe your project and how it will strengthen the community. \*

|

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

## Goals

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

## Workplan

How, when and where do you plan to implement the grant? List principal steps to complete the project (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 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

## Project Budget

Outline of Project Expenses

Amount Requested from the Foundation:

Cost for Materials:

Requested Cost for Materials:

Cost for Food:

Requested Cost for Food:

Cost for Any Printed Materials:

Requested Cost for Any Printed Materials:

Cost for Meeting Space:

Requested Cost for Meeting Space:

Cost for Speakers or Facilitators:

Requested Cost for Speakers or Facilitators:

Cost for Other Expenses:

Requested Cost for Other Expenses:

Total Project Costs

\$0.00

Total Amount Requested from Foundation

\$0.00

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.) \*

## Attachments

### Board of Directors List, with contact information (if applicable)

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 Lead Project Organizer \*

Sign here

Name \*

Title \*

Date Signed \*

mm/dd/yyyy

