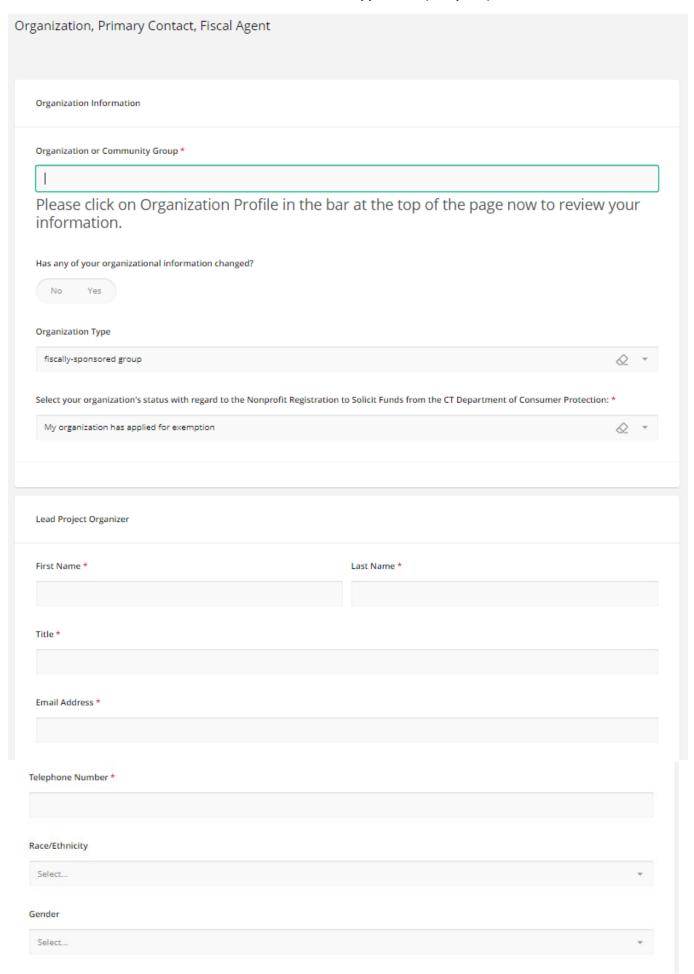
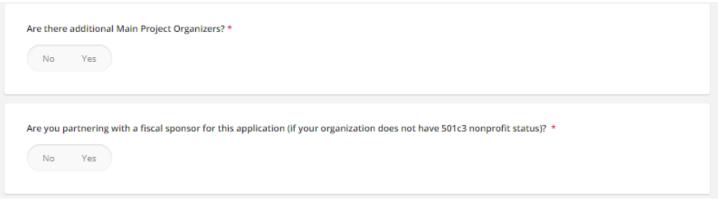
Grassroots Grant Application (Template)





Project Information If you have any questions, please contact the Foundation at 203-753-1315, x 118 or pmckenna@conncf.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 * Estimated Project End Date * mm/dd/yyyy 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.)? |
| |
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| /ork | xplan |
|------|---|
| | ow, 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 aining, purchase equipment, etc.), proposed dates for activities, and where they will take place. * |
| | |
| | 2000 characters remaining |
| | ho will be responsible for these activities? Please briefly describe what experience (professional or personal), if any, specified staff have with the sue/topic being addressed. * |
| | |
| | 2000 characters remaining |
| Do | o 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 |

| 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 |
| o you expect this potential grant to help raise or lev | |
| | 2000 characters remain |

| ttachments | | | | |
|---|--|---------|--|--|
| Board of Directors List, with contact information (if applicable) | | | | |
| Dre | op a file here or click the button below to load the fil Choose file | е. | | |
| u can use this section to upload a letter of su applying for a collaborative project, attach a applying for a program in schools, attach a l applying for a capital campaign, attach a col applying for equipment, technology or othe | a letter of support from partner(s). letter(s) of commitment. py of your campaign feasibility study. | | | |
| Other documentation (as needed) | | | | |
| Dri | op a file here or click the button below to load the file Choose file | e. | | |
| ignatures | | | | |
| Electronic Signature of Lead Project Organizer * | Name * | Title * | | |
| Sign here | | | | |
| Date Signed * | | | | |
| mm/dd/yyyy | | 5 | | |