

General Grant Application (Template)

Organization, Primary Contact, Fiscal Agent

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

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

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:*

Total Number of Staff Employed by Organization:*

Number of Board Members:*

Number of Senior Leadership Staff: *

CEO/Executive Director Information

First Name*

Last Name*

Title*

Email Address*

Telephone Number*

Is the primary contact for this application different from the organization's CEO/Executive Director?*

No

Yes

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

No

Yes

Organization Demographics

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

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.

Organization 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	<input type="text"/>	<input type="text"/>
Black / African American	<input type="text"/>	<input type="text"/>
Hispanic / Latino/a/x	<input type="text"/>	<input type="text"/>

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.)?

Project Information

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Project / Request Name*

Character Limit: 100

Total Project Cost*

Amount Requested from CCF*

Estimated Project Start Date*

Estimated Project End Date*

Estimated # of People Served by Project*

Priority Area Addressed by Grant*

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

Character Limit: 300 | Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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

No

Yes

Request Narrative

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

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

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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. *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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

Workplan (Details of Proposed Request)

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

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.*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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.*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

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.*

Results & Outcomes

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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.)?

Funding / Leveraging / Sustainability

NOTE: Given the Foundation's finite resources for grantmaking, additional funds and in-kind contributions from other donors or organizations are often necessary to complete the project budget, especially with larger efforts.

Please briefly note other projected/secured sources of funding for this work. (For instance, fees for service, donations, grants, public funding, etc.) *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Do you expect that the requested grant from the Foundation would help to raise or leverage additional funding for the project? *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

If you plan to continue this project in the future, 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.)*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Attachments

Click [here](#) to download project budget template.

Project Budget for New Request*

No file chosen

Organizational Operating Budget for current year*

No file chosen

Board of Directors List, with contact information*

No file chosen

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)

No file chosen

No file chosen

Signatures

Electronic
Signature of
Person Completing
Application*

Name*

Title*

Date Signed*

Electronic
Signature of
Executive Director
or equivalent*

Name*

Title*

Date Signed*

**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 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
<i>EXAMPLE: Smith, Program Director 85% FTE, \$35,000</i>	\$ 29,750	\$3,000	\$2,250	\$ 35,000
1)				\$ -
2)				\$ -
3)				\$ -
4)				\$ -
5)				\$ -
Total Fringe Benefits (@ __%)				\$ -
Subtotal Personnel	\$ -	\$ -	\$ -	\$ -

Other Program Expenses				
<i>EXAMPLE: Printing Brochures: 10,000 x .03/copy</i>	\$ -	\$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
<i>EXAMPLE: Ford Foundation, Participant Fees, etc.</i>	\$ 10,000	<i>Pending</i>	<i>3/1/2019</i>
1)			
2)			
3)			
4)			
Total Revenue (From Other Funders)	\$ -		