

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

Please note any changes or updates to your organizational information in the box below:

Institution Type*

- ☐ Educational institution
- ☐ Fiscally-sponsored group
- ☐ Municipal Entity / Government
- ☐ Non-profit organization (501c3)
- ☐ Other

You must be one of the institution types listed above. If you have questions please contact grants@connctf.org

Total Number of Staff Employed by Organization:*

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

Primary Contact for Application

Primary Contact First Name

Primary Contact Last Name

Primary Contact Job Title

Email Address

Business Phone

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

☐ No

☐ Yes

Please provide the following information about your fiscal sponsor:

Fiscal Sponsor Information

Fiscal Sponsor (Legal Name of Registered Nonprofit Organization)

Fiscal Sponsor Organization's EIN*

Fiscal Sponsor Organization's Contact Name

Fiscal Sponsor Organization's Address

Street

City

State

Zip

Fiscal Sponsor Organization's Tax Status*

- ☐ Educational institution
- ☐ Municipal Entity / Government
- ☐ Non-profit organization (501c3)
- ☐ Other

Project Information

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*

- ☐ Building Equitable Opportunity
- ☐ Health and Environmental Justice
- ☐ Herbst Fund for Eye Research
- ☐ Pride in the Hills (LGBTQ+)
- ☐ Southbury Community Trust Fund
- ☐ Strengthening Nonprofit Grants

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

Character Limit: 300

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

- ☐ No ☐ Yes

If you are requesting continued funding for the continuation of a grant, you must file a Final/Progress to Date Report prior to a new application. Have you already filed a Final/Progress to Date Report with the foundation for your current/prior grant?

☐ No ☐ Yes

If you have not yet filed your final report for the previous year of this grant, please do so before continuing this application. If you have any questions, please contact the Foundation at 203-753-1315 or grants@connct.org.

If this is an application for continued funding, please describe:

Any major changes you plan to make to the scope or focus of the project for the coming year

How your experience to date has resulted in these planned changes

Request Narrative

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

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.*

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. *

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.*

Collaboration can help create efficiencies, stretch limited resources, avoid duplication of services, and broaden the positive impact of programs. Do you have plans to collaborate with other agencies or partners on this work? If so, please list these partners and detail the nature of this collaboration. If not, please share ideas about prospective collaborators or barriers to collaboration.*

What goals do you plan to accomplish? What results and outcomes will you measure? How will you determine success?*

Attachments

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

Project Budget for New Request*

No file selected

Organizational Operating Budget for current year*

No file selected

Board of Directors List, with contact information*

No file selected

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 selected

No file selected

Signatures

Electronic
Signature of
Person
Completing
Application*

Name*

Title*

Date Signed*

Electronic
Signature of
Executive Director
or equivalent*

Name*

Title*

Date Signed*