



**Killingworth Community Fund  
Grant Application**

**SUBMISSION DEADLINE: FEBRUARY 28, 2018 BY 4:00PM**

**Instructions:** Save to your computer before completing. Responses can be typed into the form once saved. Complete all questions; review instructions document for full details before completing.

**I. Organization Information**

**Legal Name of Organization** \_\_\_\_\_

**Division or Department Name (if applicable)** \_\_\_\_\_

**If affiliated with a Parent Organization (other than above), provide name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Street Address (If different from mailing address)** \_\_\_\_\_

**Website Address** \_\_\_\_\_

**Organization's EIN#** \_\_\_\_\_ **Year Organized** \_\_\_\_\_

**Are you a 501(c)3 Organization?** \_\_\_ Yes **or Other Tax Exempt Entity?** \_\_\_ Yes **Type** \_\_\_\_\_

*If your organization is not a 501(c) 3 tax exempt entity or division/department of a government agency or religious organization, you must have a Fiduciary Agent in order to apply for grant funding. Your Fiduciary Agent must complete and sign the Fiduciary Agent Form. The completed form must be submitted with your original application. Contact Thayer Talbott, 860.347.0025, for more information.*

**Briefly state the organization's mission** (character limit 750 with spaces):

**Application Information**

**Project/Program Name:** \_\_\_\_\_

**Dollar Amount Requested:** \$ \_\_\_\_\_ **Total Project Cost:** \$ \_\_\_\_\_

**Synopsis** (No more than two sentences describing what the grant will fund.) (Response limited to 300 characters with spaces.)

**Organization's Fiscal Year:** Jan 1 – Dec 31 \_\_\_ July 1 – June 30 \_\_\_ Other: \_\_\_\_\_

**Date most recent IRS Form 990 was filed:** Year of Return \_\_\_\_\_ Date Filed \_\_\_\_\_

**Organization's Total Operating Budget** Year: \_\_\_\_\_ Budget: \$ \_\_\_\_\_

If you are a division or department of a large parent organization, what percentage of your division/department is funded by the overall operating budget of the parent organization and what is your division/department's total operating budget:

\_\_\_\_\_ % Total Division Operating Budget: \$ \_\_\_\_\_

*If the parent organization funds 10% or less of the division's operating budget, you must submit an operating budget for your division as well as the operating budget of the parent organization.*

**Board of Directors Information:**

Total Number of Directors/Trustees: \_\_\_\_\_ Total Number of Board meetings held last year: \_\_\_\_\_

Average number attending in person or by phone: \_\_\_\_\_ Percentage of Board who financially contribute: \_\_\_\_\_

List any national and/or state accrediting organizations, if applicable:

**Executive Officer's Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Contact Person** for this application, if different from above \_\_\_\_\_

**Title** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contact Person** for this program, if different from above \_\_\_\_\_

**Title** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Brief description of organization's background/history** (character limit 1,000 with spaces):

## II. Grant Program/Project Information

1. **Purpose:** State the needs or issues to be addressed with this project/program. *(Response limited to 1,500 characters with spaces)*

2. **Proposal:** Describe the project/program, including benefits to be achieved and population served. *(Response limited to 1,500 characters with spaces)*

3. **Goals & Objectives:** Describe the objectives, how the goals will be achieved, personnel required, and timeline for implementation.

*(Response limited to 2,500 characters with spaces with spaces)*

4. **Assessment:** How will you know if the project/program is successful? What quantifiable tools or metrics are you collecting? What outcomes are expected? *(Response limited to 1,000 characters with spaces)*

**III. Financial Information**

- A. Does your organization receive support from the United Way or other federated funds? \_\_\_ Yes \_\_\_ No

If yes, list the organization and the amount received for the last fiscal year:

Organization	Amount
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- B. **Required Project/Program Budget:** The Project/Program Budget Form is the **required** format. Please provide an itemized budget of income and expenses of the program/project, including the amount raised or expected from other sources. If the project is ongoing, please provide an explanation of how it will be funded in the future.
- C. **Organizational Operating Budget:** Please provide a one page summary of the organization's current operating budget, including the date approved by the organization's board of directors/trustees or other governing entity. ***If the parent organization funds 10% or less of the division's operating budget, you must submit an operating budget for your division.***

**IV. Additional Information**

- A. Please attach a list of Board members and officers, with professional affiliations, to the application.  
*If you are department or division of a parent organization, and you have a separate advisory committee or board from the parent organization, please submit a list of the advisory committee/board members, with professional affiliations.*
- B. Please include one copy of your 501(c)3 determination letter or evidence of 170(c)1 tax exempt status – attach to the original application only.  
*Additional financial documentation, including the organization's most recent audit, annual report, and IRS Form 990 may also be required. **Only provide this information if requested.***
- C. Supporting statements or other documents which may provide further information about the program/project, if applicable.

- V. **Collaborations (if applicable):** Please include information about organizations or schools collaborating with your organization on this program. For the purposes of this application, collaborations are defined as partnerships where two or more agencies are equally committed, through staffing, funding, and resource allocation, to the goals and objectives of the program described in this application. Because the nature of collaboration requires two or more entities to work together, for the purposes of funding, only one organization may complete the application, and in doing so, accepts responsibility for all evaluative and fiduciary reporting to the Community Foundation.

Is this a collaborative program/project with another organization(s)? \_\_\_ Yes \_\_\_ No

If YES, *ensure one copy of the Letter of Support from each partnering agency's executive officer is attached to the original application.*

Is this a collaborative program/project with a school?  Yes  No

If YES, ensure one copy of the Letter of Support from the Superintendent and from the Principal is attached to the original application.

Is this a new collaboration?  Or an on-going collaboration?

If this is an on-going collaboration, how long has the collaboration existed?

Please list each collaborating organization, its EIN number, and the names of the Board Chair and the Chief Executive Officer (or School Superintendent and Principal, if this collaboration is with a school):

Organization: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Board Chair: \_\_\_\_\_ CEO/Superintendent/ Principal: \_\_\_\_\_

Organization: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Board Chair: \_\_\_\_\_ CEO/Superintendent/ Principal: \_\_\_\_\_

Organization: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Board Chair: \_\_\_\_\_ CEO/Superintendent/ Principal: \_\_\_\_\_

**VII. Marketing and Public Relations**

Organizations receiving grants from the Killingworth Community Fund at the Community Foundation of Middlesex County should promote their funding awards according to the marketing and public relations guidelines established by the Community Foundation. By signing the application below, the CEO/Executive Director understands the Community Foundation's marketing and public relations requirements if awarded a grant. The Community Foundation's *Grantee Communications Kit* may be downloaded on our website in the Nonprofit Resources section, [middlesexcountycf.org/non-profits/resources/forms-pr-guidelines/](http://middlesexcountycf.org/non-profits/resources/forms-pr-guidelines/).

**CEO/Executive Director**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Completed applications may be mailed or hand-delivered to the Killingworth Community Fund at the Community Foundation of Middlesex County, 49 Main Street, Middletown, CT 06457.**