

**OUTLINE OVERVIEW OF THE QUESTIONS IN THE ONLINE APPLICATION FORM – FOR INFORMATIONAL PURPOSES ONLY. THE APPLICATION MUST BE COMPLETED ONLINE AND SUBMITTED THROUGH THE CFMC WEBSITE. THIS DOCUMENT IS ONLY TO AID NONPROFIT ORGANIZATIONS IN PREPARING THEIR APPLICATION RESPONSES.**

**CFMC Competitive Grant Application**

COMPLETE THIS APPLICATION FOR FUNDING REQUESTS FOR THE Community Foundation of Middlesex County Competitive Process – **requests up to \$5,000.**

**Instructions:** Complete the application on the website. You may "Save and Continue Later" - the site will email you a link which is active for 30 days. Review instructions document for full details before completing. Complete all questions.

The required Budget Summary listed in Section V **must be submitted on the Budget Summary form** available on our website. All required and requested documents must be uploaded to the application in **PDF format.**

**I. Application Information**

- Legal Name of Organization
- Division or Department Name (if applicable)
- Are you a 501(c)3 Organization
- Other Tax Exempt Entity?
- EIN Number

If your organization is not a 501(c) 3 tax exempt entity or division/department of a 170 (c) 3 government agency or religious organization, please contact Thayer Talbott, 860.347.0025, for further information before completing the application.

- Dollar Amount Requested \$
- Total Cost associated with this request \$
- Synopsis (two sentences describing what the grant will fund) (500 characters with spaces)

**II. Funding Request Information** *(Narrative section)*

**1. Proposal / Purpose** (7,500 characters with spaces) *State the needs or issues to be addressed or services furnished with funding, including goals and objectives, and any identified challenges and how you propose to meet them.*

**2. Sustainability and Assessing Impact** (5,000 characters with spaces) *What are your strategies moving forward? What specific measures will be used to track progress and evaluate impact.*

**III. Grant Program / Project Information**

- Areas of Need/Impact (choose ONE)
  - Community Enrichment (Arts/Culture/History)
  - Community Health (Health/Medical/Hospital Care)
  - Economic Security/Economic Opportunity
  - Economic Development
  - Education (Community Wide/Schools)
  - Environment
  - Public / Social Benefit (Civic Improvement/Social Services)
  - Recreation

Animal Welfare and Protection

- Grant Type (choose ONE)

Program Development/Implementation  
Organization Improvement  
Training/Technical Assistance  
Equipment  
Capacity Building  
Other

- Target Demographics (Select all that apply):

Adults	Veterans
Young Adults (ages 18-25)	Women and Girls
Youth (ages 13-17)	At Risk Boys and Young Men
Children (ages 6-12)	LGBTQIA+
Birth to 5 years old	BIPOC
Families	Animals
Parents / Guardians	Birds, and Other Wildlife
Retirees	Other
Students	Other Demographic: (text entry)

- Geographic Area(s) Served By This Application:

Chester	Haddam
Clinton	Killingworth
Cromwell	Middlefield
Deep River	Middletown
Durham	Old Saybrook
East Haddam	Portland
East Hampton	Westbrook
Essex	

Total Number of People Served in Middlesex County (personally impacted)

#### IV. Organization Information

##### Board of Directors / Trustees Information

- Total Number of Directors/Trustees:
- Total Percentage of Directors/Trustees contributing to Operations annually  
(drop down selection list – 100%; 75% or more; 50% or more; less than 50%; Zero (0))
  
- Total Number of Board meetings held last year:
- Average number attending in person/virtually:
  
- Date most recent IRS Form 990 was filed:
- Year of Return:
- Organization's Fiscal Year
- Organization's Total Operating Budget

#### Division Operating Budget Information

If you are a division/department of a large “parent” organization, and have a separate operating budget from the “parent” organization, what percent of your operating budget is funded by the “parent” organization? (if applicable)

#### National Organization Chapter Information

If your organization is a state, regional, or local chapter or affiliate of a national organization, what percentage administration fee do you provide to the national organization? (if applicable)

Did you RECEIVE a competitive process grant in the:

- 2019-2020 cycle
- 2020-2021 cycle
- 2021-2022 cycle

Brief Background Statement of the Organization (750 characters with spaces)

**V. Please Note:** Additional information requested below MUST be uploaded in PDF files. Other document formats will not be accepted by the form.

A. CFMC Application Budget Summary Form

B. Current Organization Operations Budget

C. Board of Directors and Officers List with professional affiliation

D. IRS Tax Exempt Determination Letter

E. America Rescue Plan Act (ARPA): Is your organization considering applying for or have already applied for ARPA Funding?

Select Yes or No

ARPA Funding List

Designate if you Will Apply, have a Pending application, or Have Been Approved/Received ARPA Funding and the Amount Requested / Approved. If you are planning to submit multiple applications or have submitted multiple applications, you can add additional lines in the list by clicking the “ + ” sign to the right of the first line.

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.

F. Collaborations/Partnerships with Nonprofit Organizations or School Districts:

Is this application a collaboration of two or more nonprofit organizations (NOT schools)?

Yes (Letter(s) of Support REQUIRED)                      No

Is this program in collaboration with a School(s) or School Districts?

Yes (Letter(s) of Support REQUIRED)                      No

If Yes, is this a New or On-Going Collaboration?

New                                      On-going

If this is an On-Going Collaboration, how long has the collaboration existed?

List of Collaborators

Upload Letters of Support (if applicable)

#### **VI. Organization Contact Information**

- Are you a new nonprofit applicant to the Community Foundation?                      Yes                      No
  
- Executive Officer's Name
- Title
- Phone
- Email
  
- Contact Person (for this application)
- Title
- Phone
- Email
  
- Mailing Address
- Street Address (if different from mailing)
- Website
- Social Media Channels

#### **VII. Non-Funding Needs**

Other than financial support, how else might we support you? (maximum 1,000 characters)

#### **VIII. Marketing and Public Relations**

Organizations receiving grants from the Community Foundation of Middlesex County must 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 will host a seminar on marketing guidelines and tips for grantees annually. The Community Foundation's Grantee Communications Kit may be downloaded on our website in the Nonprofit Resources section, <https://middlesexcountycf.org/non-profits/resources/pr-guidelines/>.

**IX. Tax Exempt Standing and Use of Grant Funding Certification**

By signing this application, the CEO/Executive Director/Board President is certifying that your organization is a qualified 501c3 organization or other charitable organization recognized and currently in good standing with the IRS, or 170(c)(1) governmental agency. Should a grant be approved by the Community Foundation of Middlesex County, these funds may only be used for the purpose outlined in your original application; you must notify us if you are unable to do so. If grant funding is provided, you may only use these funds for charitable purpose as described in Section 170(c)2 of the IRS code, and funds may not be used for any political or lobbying activity. In addition, no tangible benefits, goods or services may be received by our donors or by staff members of the Community Foundation of Middlesex County in exchange for grant funding.

Printed Name

Title

Signature

Date