

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.

Janvrin Fund Application Cycle

COMPLETE THIS APPLICATION FOR FUNDING REQUESTS to the Janvrin Fund at the Community Foundation of Middlesex County Competitive Cycle – requests up to \$15,000.

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.

- Project / Program Name
- 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. How does funding support the overall sustainability?*

III. Information

- Grant Type (choose ONE)
 - Program Development/Implementation
 - Organization Support/ Improvement
 - Technical Assistance
 - Capacity Building
- Target Demographics (Select all that apply):

Birds
 Animals
 Other Wildlife
 Adults
 Young Adults (ages 18-25)
 Youth (ages 13-17)
 Children (ages 6-12)
 Birth to 5 years old

Families
 Retirees
 Students
 Veterans
 BIPOC
 LGBTQIA+
 Other

- If you selected Other, provide key words:
- Total Number of People Served in Middlesex County personally impacted by this proposal
- Geographic Area Served by this application (select one):
 - All of Middlesex County
 - Upper County (Durham/Haddam/East Haddam and north)
 - Lower County (Killingworth/Chester and south)

- Geographic details – Please designate a town or towns you are serving (If less than all of Middlesex County).

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

- Collaborators / Partners – if you are partnering with other organizations in this program/project, please list the organization, the CEO/ED, and if the partnership is pending or committed. You can add additional lines in the list by clicking the “ + ” sign to the right of the first line.

Collaborators / Partners

List each organization that may collaborate on this project. Include the name of the organization and the name of Executive Director or CEO, and if the organization has committed to partnering or will be approached to partner. (To add additional lines, click the “+” side on the far right of the current line)

Organization	CEO / Executive Director	Committed / Pending
<input type="text"/>	<input type="text"/>	<input type="text"/> ⊕

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

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

V. Addition Information

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): Has your organization applied for and received – or is considering applying 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.

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. Requirements and Certifications

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. 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, middlesexcountycf.org/nonprofits/resources/forms-pr-guidelines/. Furthermore, all CFMC grantees are required to submit a final evaluation regarding the use of CFMC funding and the outcomes, achievements, and results such funding supported. The evaluation requirements include qualitative and quantitative information, photos, stories, and examples of public acknowledgement of the award. By signing the application below, the CEO/Executive Director/President understands the Community Foundation's marketing and public relations requirements and evaluation requirements if awarded a grant.

Tax Exempt Standing and Use of Grant Funding Certification

By signing this application, the CEO/Executive Director/President is certifying that your organization is a qualified 501(c)3 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 purposes outlined in your original application; you must notify the Community Foundation if you are unable to do so. If grant funding is provided, you may only use these funds for charitable purposes 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.

Signature Certification

I certify that my printed name as stated and assigned below constitutes my signature and may be accepted as such.

Printed Name

Title

Signature

Date

Partner / Collaborator Attestation

If your organization is partnering/collaborating with other nonprofit(s), the following electronic entry of name, title, and email address of each partner constitutes that the organization is aware of and agrees to all of the Community Foundation's requirements and expectations, including, but not limited to, the PR/Marketing and

Evaluation requirements, the Use of Grant Funding Certification, and the CFMC Nondiscrimination Policy posted on the Guidelines page on our website. The following Executive Director or Board of Director Chairperson listed below affirms the following: I certify that my printed name as stated and assigned below constitutes my signature and may be accepted as such. (To add additional lines, click the "+" sign to the far right of the current line.)

Partner/Collaborator Signature

Name

Title

Organization



Previous

Submit

Save and Continue Later