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**Instructions**

**Avon Greater Together Community Fund**

**2024 Grant Application Form**

**Eligibility**

* Organizations must be classified as a 501c3 (509a3 charities and private foundations are not eligible)
* Organizations that are not classified as 501c3 may use a fiscal sponsor
* Registered 501c3s, towns, and/or municipal governments may serve as fiscal sponsor
* Funding must benefit persons working or residing in Avon
* Sectarian or religious programs are ineligible. However, grants may fund non-religious activities that are sponsored by religious organizations or faith communities, provided the activity is open to everyone regardless of their religious affiliation and supports the community beyond its members or congregation.

**Guidelines**

* Grant applications should request a minimum of $250 and not exceed $10,000. All interested applicants must complete the application here: [www.hfpg.org/avoncf](http://www.hfpg.org/avoncf)
* Each applying organization may submit more than one proposal, however the maximum total award to an organization is $10,000.
* Grant awardees are expected to provide the Avon Greater Together Community Fund Advisory Committee (**the Avon Committee**) a report on fund utilization by June 2025.

**Application Process**

Please answer the following questions and submit your IRS form 990 and program budget. If using a fiscal sponsor, please provide the sponsor’s contact information in addition to the applicant organization’s contact information. **Applications must be submitted through the** [**online form**](https://docs.google.com/forms/d/1bsfODYsq37lbRTCT0V4uexl4SE0SuIs96gDgwSjOP0U/edit) **(Google Form).**

**IRS form 990 and budget must be emailed to** [**avontogetherfund@gmail.com**](mailto:avontogetherfund@gmail.com).

If you have technical issues related to the application, please email **avontogetherfund@gmail.com.**

**Email:**

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**Applicant Information**

**Description:** Clearly provide a brief overview of the applicant’s\* purpose, mission and programming. Broadly speaking, what does the applicant do and who does it serve? (250 word max)*\*Applicant refers to your organization, group or individuals. Note, all applicants must be a registered 501c3 or have a fiscal sponsor.*

**The Name of the Organization, Community Group’ or Individuals (the Applicant) :**

**The Name of the Fiscal Sponsor, if applicable:**

**Address of the Applicant:**

**Address of the Fiscal Sponsor :**

**Contact Name & Title:**

**Contact Phone Number:**

**Contact Email:**

**Website:**

Please email a copy of the Applicant’s most recent form 990 to: [**avontogetherfund@gmail.com**](mailto:avontogetherfund@gmail.com). Note: *This is in addition to the project budget form (requested below).*

If you have any comments or questions, please advise below.

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**Proposal Information**

**Proposal Description:** Please briefly and clearly describe the program, project, event or initiative (collectively, **the Proposal**) for which the applicant is seeking funding. What are the proposed activities and objectives of the Proposal? (350 word max)

**Proposal Need:** Why is the Proposal you describe necessary? Are other organizations or individuals offering the service/programming and, if so, in or outside of the Town of Avon? (250 word max)

**Proposal Partnerships, Affiliates and Associations:** Describe other partners involved in this Proposal, if any?

**Dollar Amount Requested (minimum of $250 and maximum of $10,000):**

**Proposal Budget:**

See attached Proposal budget form. *This is in addition to the form 990 (requested above).*

Please email a copy of Proposal Budget Form to: **avontogetherfund@gmail.com**,

If you have any comments or questions, please advise below.

**Proposal Geographic Area Served (specific neighborhoods or entire town):**

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**Proposal Impact**

**Proposal Expected Benefit:** Describe the population who will benefit from this Proposal including the demographics of the targeted group, as feasible. Clearly identify who the Proposal is expected to support and how. To the extent feasible, also describe theimpact on the individuals working and/or residing in the Town including the estimated number of individuals served or affected. (350 word max)

**Survey Focal Areas:** Does the Proposal seek to address one or more of the community survey focal areasEnvironmental Projects, Mental Health Services, Youth Services, Education and Conservation? Yes/No. If yes, please explain how? (350 word max)

**Proposal** **Expected Equity Outcomes:** Explain how the Proposal could help improve disparities around areas including but not limited to housing, employment, healthcare, literacy and linguistic fluency, environmental/climate issues and transportation. How, if at all, will the Proposal improve access to care, physical and mental health outcomes and overall quality of life? (350 word max)

**Proposal Expected Sustainability:** How long will the Proposal benefit/impact town residents and how, if at all, will the Proposal create a permanent program/infrastructure for the town? Briefly, describe the impact/outcome if the Proposal is not funded. (250 word max)

**Licensure/Accreditation:** Organizations are not required to have accreditations to apply for funding, however, the Avon Committee would like to be aware of any accreditations. Is your organization licensed or accredited?

**Revocations:** If your organization is licensed or accredited, has the license or accreditation ever been revoked or suspended in the last 10 years? Yes/No

If **Yes**, please explain

If **No**, skip to next question

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**Organizational Effectiveness**

**Core Competency: Description of why the applicant, is well suited to implement this Proposal.** Do you have prior experience doing something similar? Do you have particular skills that are needed? Do you have relationships with partners in town that can help the Proposal be successful? (250 word max)

**Board:** Are any of the identities listed below reflected among your community group/organization’s board of directors? Check all that apply. If the applicant is using a fiscal sponsor, please answer this question based on the fiscal sponsorship’s board of directors.

· Asian American and Pacific Islander

· Black/African American

· Hispanic/Latinx

· Immigrant and or Non-native English speakers

· LGBTQIA+

· Native American/Indigenous

· Persons with disabilities

· Women

· Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board:** Please estimate the extent to which the applicant’s board represents the people it serves by selecting one of these three options:

\_\_\_\_ The organization needs to diversify its leadership to better reflect the people it serves.

\_\_\_\_ The organization’s leadership somewhat reflects the people it serves.

\_\_\_\_ The organization’s leadership greatly reflects the people it serves.

**Staff/Leadership:** Are any of the identities listed below reflected among the applicant’s board of directors? Check all that apply. If the applicant is using a fiscal sponsor, please answer this question based on the fiscal sponsorship’s board of directors.

· Asian American and Pacific Islander

· Black/African American

· Hispanic/Latinx

· Immigrant and or Non-native English speakers

· LGBTQIA+

· Native American/Indigenous

· Persons with disabilities

· Women

· Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Leadership:** Please estimate the extent to which the applicant’s staff/leadership  
represents the people it serves by selecting one of these three options:

\_\_\_\_ The organization needs to diversify its leadership to better reflect the people it serves.

\_\_\_\_ The organization’s leadership somewhat reflects the people it serves.

\_\_\_\_ The organization’s leadership greatly reflects the people it serves.

**Other:** Are there other identities reflected in the applicant’s   
board and staff leadership that you would like to include? Please specify.

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**Proposal Effort**

**Implementation:** What is the expected time frame (weeks or months) to implement the Proposal?

**Capacity:** What is the anticipated time frame before the Proposal can expect to realize benefits to the targeted population?