**VERNON GREATER TOGETHER COMMUNITY FUND GRANT APPLICATION**

**Grant Requests from $250 to $10,000**

# Organization Contact Information

|  |  |
| --- | --- |
| Organization or CommunityGroup’s Legal Name: |  |
| Organization EIN |  |
| Fiscal Sponsor, if applicable: |  |
| Address (No PO Boxes please): |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name & Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Website: |  |
| Implementing Organization’sAnnual Budget: |  |

1. **Program Information**

|  |  |
| --- | --- |
| **Project/Program Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project/Program****Budget** | Please complete Project/Program budget form |
| **Geographic Area Served:***(neighborhoods or entire**town)* |  |
| **Population Served:***(ex: age, gender, ethnicity, number of participants*) |  |

1. **Program Description:**

Please describe the program or activity. Include the goal, objectives, methods, and strategies

1. **Program Timeline:**

Please describe the length of time you expect this project to take. Outline milestones, start dates, end dates.

# Description of need:

Why is the project you describe necessary? Is there anyone else already doing this?

# Expected benefit:

Who will benefit from this program (# of people and population served)? How long will the benefit be felt? (For a fixed length of time or will this create a permanent program/piece of infrastructure for the town?)

1. **Plan of evaluation. How will you measure the success of the program?**
2. **If we do not fund the full amount requested for the project, how will you raise the remaining funds needed? (i.e. partnering with additional community partner, in-kind contributions, etc).**

# Description of why your organization is well suited to implement this project.

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 project be successful?

# Are any of the underrepresented identities listed below reflected among your community group/organization’s board and leadership staff? Check all that apply.

* Black/African American
* Hispanic/Latinx
* Asian and or Pacific Islander
* Native American/Indigenous
* Women
* Immigrant and or Non-native English speakers
* LGBTQIA+
* Persons with disabilities
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_

# The following attachments are required and can be emailed to: vernoncommunityfund@gmail.com

Please use the following format: Name of Your Organization. Filename. (doc.xls.pdf. etc.), i.e. ABC.501c3.doc.

1. Project/Program budget form (noted above)
2. Listing of Board of Directors
3. Copy of permit if applicable.