East Windsor Greater Together Community Fund

2025 Grant Application

**Deadline to Apply:** April 15, 2025

**Eligibility:**

* Organizations must be a 501(c)3. 509(a)3 charities and private foundations are not eligible.
* Organizations that are not a 501(c)3 may use a Fiscal Sponsor.
* The Town of East Windsor may serve as a Fiscal Sponsor.
* Grant funds must benefit the residents of East Windsor.
* Areas NOT typically eligible: sectarian or religious programs.

**Guidelines:**

* The maximum grant request is $5,000.
* A final report will be requested upon completion of the project.

**Application Process:**

Please answer the following questions and submit a program budget. If using a Fiscal Sponsor, please provide their contact information in addition to the organization’s contact information. **Please email completed applications to** eastwindsor@hfpgcommunityfunds.org **in a Word Document, or PDF format. Completed applications can also be mailed to EW Community Fund Advisory Committee, c/o First Selectman’s Office, 11 Rye Street, Broad Brook, CT 06016.**

**NO HANDWRITTEN APPLICATIONS ACCEPTED!**

1. **Organization Contact Information**

|  |  |
| --- | --- |
| **Applicant Organization Legal Name:** |  |
| **Fiscal Sponsor, if applicable:** |  |
| **EIN Number (Required):** |  |
| **Applicant Address:** |  |
| **Address 2:** |  |
| **City, State, Zip:** |  |
| **Applicant Contact Name & Title:** |  |
| **Applicant Contact Phone Number:** |  |
| **Applicant Contact Email:** |  |
| **Applicant Website:** |  |
| **Applicant Organization Annual Budget:** |  |
| **Is this your first application to the EW Community Fund?** |  |

1. **Project Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Dollar Amount Requested:** |  |
| **Total Project Budget:** |  |
| **Geographic Area Served:** *(neighborhoods or entire town)* |  |

1. **Project Description:**
	1. Briefly describe your proposed project (what do you plan to do).

*Response:*

* 1. Describe your project timeline, including preparation time, implementation time, and when you propose your project will be available to the community.

*Response:*

1. **Project Need:**
	1. Is this a new project, or an expansion of an existing project?

*Response:*

* 1. Why is your project necessary?

*Response:*

* 1. Is a similar project already in place?

*Response:*

1. **Expected Benefits:**
	1. If this is an existing project, describe the current use. Include how many people are currently benefitting from your project.

*Response:*

* 1. Identify the number of residents expected to benefit because of this grant.

*Response:*

* 1. Describe the population to benefit (gender, ages served, etc.).

*Response:*

* 1. How will this population benefit?

*Response:*

* 1. How long will this project be a benefit to the community? Please describe a sustainability plan.

*Response:*

1. **Please describe why you are the best community program to implement this project. (Prior experience, particular skills, other community relationships/partnerships?)**

*Response:*

1. **Organization Board of Directors**
	1. Include a description of the demographics of your Board of Directors (number of Board members, gender, race/ethnicity, live or work in East Windsor).

*Response:*

* 1. Please describe any other information about your organization and Board of Directors you think we should know.

*Response:*

* 1. Are there any particular affiliations your Directors’ bring to your organization you would like to share?

*Response:*

1. **Enter your budget on the Budget Worksheet and Budget Narrative to complete the application.**

**Budget Worksheet – Section 1**

**Directions:**

The Budget Worksheet only includes dollar amounts.

The Budget Narrative will include descriptive paragraphs, lists, or computations of the budget.

1. **Amount Requested** should not exceed the maximum limit of $5,000.
2. **Matching** funds are those funds you have secured for this project from other sources. Matching Funds are NOT required, but show strength in your organization. Matching Funds could be other grants or donations to the project.
3. **In-Kind** funds are those funds contributed to the project by your organization. In-Kind funds are NOT required, but may include administrative costs, facility use, volunteer hours (calculated at minimum wage), or use of equipment or materials.
4. **Project Total** will be the sum of all project costs, including the amount requested with this grant, matching funds, and in-kind funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Expenses** | **Amount Requested** | **Match** | **In-Kind** | **Project Total** |
| 1. Professional / Technical Services
 | $ | $ | $ | $ |
| 1. Equipment
 | $ | $ | $ | $ |
| 1. Supplies
 | $ | $ | $ | $ |
| 1. Other Objects
 | $ | $ | $ | $ |
| 1. Personnel & Benefits
 | $ | $ | $ | $ |
| **Totals**  | $ | $ | $ | $ |

**Budget Narrative – Section 2**

A Budget Narrative is the explanation of the amounts identified in the Budget Description Section 1, the Budget Form. Each item listed in the budget should have a clear description of how the amount requested was calculated. The reader should be able to understand how the requested amount will support your project.

Please describe in detail the funds that you plan to spend in each area*.*

*Indicate N/A if funds are not dedicated to that area.*

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1. **Professional and or Technical Services,** *payments for services performed by persons qualified to assist and support the project. Examples: media specialist, youth development specialist, artist.*

*Response:*

1. **Equipment,** *expenses for reusable items needed to implement the project****.*** *Example, tools to build a garden.*

*Response:*

1. **Supplies,** *consumable materials needed for your project. Example, soil and fertilizer for the garden.*

*Response:*

1. **Other Objects** *not identified above.*

*Response:*

1. **Personnel & Benefits**, *amount paid to temporary coordinator to implement all aspects of the project.*

*Response:*