**Bloomfield Greater Together Community Fund**

**Application Form**

**Due: Tuesday, April 1, 2025**

**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.
* Towns may serve as fiscal sponsor.
* Funding must benefit residents of Bloomfield.
* Areas not typically eligible: sectarian or religious programs.

**Guidelines**

* The minimum grant award is $500.00.
* The maximum grant award is $10,000.00.
* A final report may be requested upon completion of the project.

**Application Process**

* Answer the below questions completely.
* Include a project budget, either using the form in this application or attaching a budget separately.
* If applicable, provide fiscal sponsor’s contact information in addition to the organization’s contact information.
* **Email completed applications to** [**bloomfield@hfpgcommunityfunds.org**](mailto:bloomfieldac@hfpgcommunityfunds.org) **(Word Document/PDF).**
* **Submit by the due date of Tuesday, April 1, 2025.**

1. **Organization Contact Information**

Note: These items must be completed for your application to be considered. If you’re having difficulty filling out your application, please seek advice from the Bloomfield GTCF committee or reach out with questions at Bloomfieldac@hfpgcommunityfunds.org.

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| --- | --- |
| Organization or Community Group’s Legal Name: |  |
| Fiscal Sponsor (if applicable): |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip Code: |  |
| Contact Name: |  |
| Title: |  |
| Contact Phone Number: |  |
| Contact Email: |  |
| Website (if applicable): |  |
| Implementing Organization’s Annual Budget: |  |

1. **Project Information**

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| --- | --- |
| Project Name: |  |
| Dollar Amount Requested: |  |
| Total Project Budget: |  |
| Geographic Area Served: *(neighborhoods or entire town)* |  |
| Target Number of Project Participants Impacted (if known): |  |
| Population Served:  *(ex: age, gender, ethnicity, number of participants*) |  |

1. **Project Budget**

Please attach a budget for your project. Please see attached example.

1. **Project Description:**

Please briefly describe the project or activity, including the duration and planned start date. What do you plan to do?

1. **Description of Need:**

Why is the project you describe necessary? Is anyone else already doing something similar?

1. **Expected Benefit:**

Who will benefit from this project (number of people and/or segment of population served) and what will the project impact be? Please be as specific as possible.

1. **Description of why you, the applicant, are well-suited to implement this project.**

Do you have prior experience doing something similar, or do you have particular skills that are needed? Do you have relationships with partners in town that can help the project be successful?

1. **Funding:**

If the committee is able to provide partial funding, would you still be able to complete this project? Do you have other resources/funding sources, or intend to apply for other grants to fund this program?

**Are any of the following underrepresented identities reflected among your group/organization’s board, leadership, or staff? (Check all that apply.)**

* Black/African American
* Hispanic/Latinx
* Asian and/or Pacific Islander
* Native American/Indigenous
* (Other ethnicity): \_\_\_\_\_\_\_\_\_\_\_
* Women
* Gender-diverse (e.g., transgender, non-binary, and gender expansive identities)
* Immigrant and/or Non-native English speakers
* LGBTQIA+
* Persons with Disabilities
* Veterans
* Other underrepresented identities (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please estimate the extent to which your community group/organization’s board and leadership staff 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.

1. How did you hear about the Bloomfield Greater Together Community Fund?

*Please contact [bloomfield@hfpgcommunityfunds.org](mailto:bloomfield@hfpgcommunityfunds.org)* *with any questions or for an update on the status of your request. Thank you!*

**Due: Tuesday, April 1, 2025**

**Project Budget:**

* Be sure to include all items required to carry out the project, even if they are not part of the request.
* Please see the following page for a sample budget. If you have any additional questions on how to complete the project budget template, please contact bloomfield@hfpgcommunityfunds.org.

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| **Project Item/Description** |  | **Amount Requested from the Bloomfield Community Fund** | **Funding Requested from Other Source (please List amount and Source)** |  | **Item Total** |
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|  |  | **Total Amount Requested from Bloomfield Community Fund:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Total Amount from Other Sources:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Project Grand Total:**  \_\_\_\_\_\_\_\_\_\_ |

**SAMPLE BUDGET**

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| **Project Item/Description** |  | **Amount Requested from the Bloomfield Community Fund** | **Funding Requested from Other Source (please List amount and Source)** |  | **Item Total** |
| Instructor Stipend |  | $500 | ABC Arts Foundation $500 |  | $1000 |
| Books for all participants |  | $1000 |  |  | $1000 |
| Space Rental |  | $250 | ABC Company $750 |  | $1000 |
| Snacks for all participants |  | $250 |  |  | $250 |
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|  |  | **Total Amount Requested from Bloomfield Community Fund:**  $2000 | **Total Amount from Other Sources:**  $1250 |  | **Project Grand Total:**  $3250 |