

Spring 2025 Suffield GTCF Grant Application Form

Eligibility

- Funding must benefit residents of Suffield.
- Organizations must be exempt under 501(c)(3). (509(a)(3) charities and private foundations are not eligible.)
- Organizations that are not classified as 501(c)(3) may use a fiscal sponsor. Towns may serve as fiscal sponsor.
- Organizations not typically eligible: sectarian or religious programs.

Guidelines

- **For the 2025 grant cycle, we will be accepting requests up to \$7,500.**
- A final report will be required upon completion of the project. Deadline for submissions is 4/15/2024
- The award day will be in June 2024

SPECIAL NOTE:

This form does not automatically save. We highly recommend you develop a Word or Google Doc and copy and paste answers.

* Indicates required question

1. Email *

Organization Contact Information

2. Organization or Community Group's Legal Name *

3. Address *

4. City, State, Zip Code *

5. Contact Name & Title *

6. Contact Phone Number *

7. Contact Email *

8. Organization's Website *

9. Annual Budget TOTAL (Organization or Fiscal Sponsor) *

10. Implementing Organization's EIN (9 Digit Number) *

11. Organizational Mission *

Fiscal Sponsor Information

A fiscal sponsor is an established 501(c)3 nonprofit (tax-exempt) organization that agrees to accept donations on behalf of a group that is not registered as a 501(c)(3) nonprofit. The fiscal sponsor must submit the application on behalf of the group and is legally responsible to account for the funds used. Alternatively, the fiscal sponsor may also submit a letter or email signifying their understanding of and willingness to accept this role.

12. Will a Fiscal Sponsor be used? *

Mark only one oval.

Yes

No

13. Name of Fiscal Sponsor

14. Address

15. City, State, Zip

16. Contact Name & Title

17. Contact Phone Number

18. Contact Email

19. Fiscal Sponsor Website

20. Fiscal Sponsor EIN

Project/Program Information

Please provide a description of your proposed project or program. Try to keep answers focused and succinct - less than 500 words is preferred.

21. Project/Program Name *

22. Describe Project/Program *

23. Amount of Funding Requested *

24. Total Project Cost *

25. Source of Additional Funds (N/A if not applicable) *

26. Provide Itemized Budget for Funds Requested (**applicants MUST use this form:** * **BUDGET FORM**)

Files submitted:

27. Geographic Area Served (List Neighborhoods or Entire Town)

28. Estimated Population Served (*ex: age, gender, ethnicity, number of participants*)

29. Project Category (Check all that apply) *

Check all that apply.

- Arts & Culture (incl. historical)
- Child Care
- Education
- Food Insecurity
- Health Care
- Housing
- Infrastructure
- Jobs
- Mental Health
- Parks & Recreation
- Senior Services
- Veterans
- Youth
- Other: _____

Need & Benefit

Please provide a clear need and benefit for the proposed project/program. Try to keep answers focused and succinct - less than 500 words per response is preferred.

30. What is the project/program addressing? Is there any current work being done on this issue? *

31. Who will benefit from this project/program? Please give information about the age groups served, race/ethnicity , gender(s), estimated numbers of beneficiaries, and other key characteristics of the Suffield community? *

32. How soon would the benefit be realized? *

- 33. How long will the benefit last? (For a fixed length of time or will this create a permanent program/piece of infrastructure for the town?) *

Prior Experience

Please provide a clear response to the experience the organization has related for the proposed project/program. Try to keep answers focused and succinct - less than 500 words per response is preferred.

- 34. Does the organization have prior experience doing something similar? Does the organization have the skills that are needed? *

- 35. Does the organization have relationships with partners in town that can help the project be successful?

36. If the organization has no prior experience, how does it plan on addressing this gap?

Demographics

While responses are optional, the information provided does help the Committee better understand the project/program.

37. Are any of the identities listed below reflected among your community group/organization's board or leadership? Check all that apply.

Check all that apply.

- Black/African American
- Hispanic/Latinx
- Asian and/or Pacific Islander
- Native American/Indigenous
- Immigrant and/or Non-native English speakers
- Women
- LGBTQIA+
- Persons with Disabilities
- Veterans
- Other (Please Describe)

38. Please estimate the extent to which your community group/organization's board and/or leadership represents the people it serves by selecting one of these three options:

Check all that apply.

- 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.

39. How did you hear about this grant opportunity?

Check all that apply.

- Word of Mouth
- Social Media
- Suffield Observer
- Flyers/Posted Signs
- Committee Person/Former Grantees
- Other: _____

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