

Hartford Wolf Pack Community Foundation, Inc.

1 Civic Center Plaza, Hartford, CT 06103

(860) 249-6333

GRANT APPLICATION FORM

1. _____
Legal Name of Organization Telephone and Fax Numbers

2. _____
Address of Organization

3. _____
CEO/Director Title Telephone/Fax/Email

4. _____
Contact Person (if different than person listed above) Telephone/Fax/Email

5. Principal purposes and services of your organization: _____

6. Geographic Area Served: _____

7. Approximate number of persons served annually in the following regions:
State of Connecticut: _____ County of Hartford, CT: _____

8. Number of Employees:
Full-Time: _____ Part-Time: _____ Volunteer: _____

9. Ethnic, gender, and youth representation:
Board: Total #: _____ % minority: _____ % female: _____
Staff: Total #: _____ % minority: _____ % female: _____
Population
Served: Total #: _____ % minority: _____ % female: _____ % <18 yrs. of age: _____

10. Specific purpose for which funds are requested (**NOTE: in order for your grant request to receive proper consideration, please attach an event or program budget, and in this response, please reference the SPECIFIC budget line item(s) to which the requested funds would be applied**): _____

11. Grant Amount Requested: \$ _____
Period of time in which funds will be spent → from _____ to _____

12. Organization's total annual budget: \$ _____ Project's budget: \$ _____

13. Percentage of last three years annual receipts spent of programs or services for applicant's client/service group:
_____ %

14. Fiscal year: ____/____/____ to ____/____/____

15. Does your organization receive support from United Way, Combined Health, Arts Council, or other federated funds? yes: _____ no: _____

16. Letter from IRS stating 501(c) (3) tax status → yes: _____ no: _____ (please attach copy)

17. _____
Signature of Board Chair (indicating approval) Signature of CEO/Executive Director

NARRATIVE AND ATTACHMENTS

Please provide the following information in this order, using these headings. If a question does not apply to your organization, please indicate that with "N.A."

A. **NARRATIVE:** Please limit to five (5) pages.

1. Organizational Information

- a. Brief summary of organization's history
- b. Brief statement of organization's mission and goals
- c. Description of current programs, activities, and accomplishments
- d. Population the agency benefits: socio-economic status, language, age, physical abilities and/or other descriptions, as appropriate
- e. How your organization involves the people it serves in its planning process
- f. How this agency uses volunteers; number of volunteers
- g. How this agency works with others providing similar services, and how it is unique

h. Frequency of you board of directors meetings

2. Purpose of this grant

- a. Statement of issues to be addressed; description of target population to benefit
- b. Description of project goals and objectives; statement as to whether this is a new or ongoing part of the sponsoring organization
- c. Project activities and timetable
- d. Anticipated outcome and results
- e. Long-term strategies for funding this project beyond this grant period

3. Evaluation

- a. Plans for evaluation including how impact will be defined and measured; please list at least two measurable outcomes
- b. How evaluation results will be used and/or disseminated

B. ATTACHMENTS:

1. Financial Information

- a. Budget for this grant request showing income and expenses
- b. Organization's annual operating budget and actual year-to-date income/expenses
- c. Listing of funding sources (foundations, corporations, others)
- d. Percentage of gross receipts applied to programs

2. Other supporting materials

- a. Organizational chart
- b. Board membership list with names and affiliations
- c. Copy of IRS determination letter
- d. Most recent annual audited Annual Report