

2018 - Grant Application to the Town of New Milford

Completed application to be returned to Office of the Mayor, 10 Main Street, New Milford CT 06776

Organization name:	
Mailing address:	
Town / City / Zip	
Phone #:	
Website:	
Executive Director:	
Executive Director phone:	Email:
Application preparer:	
Contact phone:	Email:

Name of the service/program you wish to provide: _____

Amount of funding requested: _____

Organization Mission Statement: (250 words max.)

Please attach the following documents:

- Detailed description of service/program to be provided and the intended impact on the community.
- Details of how the service/program provided will satisfy a community need and the targeted demographic.
- Criteria that you will use to measure success of your service/program in the community.
- Details of how your service/program currently works in collaboration with existing services/programs.
- If you are not currently collaborating, in what ways could your service/program work to do so.
- Budget for current and next fiscal year.
- Two most recent 990 forms
- Proof of valid 501c status.
- All special licenses and/or certifications required to provide intended service/program.
- Listing of all organization officers and Board members.
- List of any previous funding awarded by the Town of New Milford and the success and status of same.
- List of other existing or potential funding sources for the fiscal year of your proposal.

Please note: As part of the review process you will be called upon to present and provide details of your program to the Town Council. All funding will be awarded after a final review by the Town of New Milford. The application review process will be thorough, and preference will be afforded to applicants who meet the above requirements. **Incomplete applications will not be considered. Deadline for receipt of application is December 14, 2018.**

Executive Director: _____ Date: _____

Please print name: _____

Board President: _____ Date: _____

Please print name: _____