



# TOWN OF NEW MILFORD

Roger Sherman Town Hall  
10 Main Street  
New Milford, Connecticut 06776  
Telephone 860-355-6010 • Fax 860-355-6002  
Office of the Mayor  
Pete Bass



Dear New Milford Nonprofit Funding Grant Applicant:

Thank you for your commitment to making a positive impact on our community. Your hard work and dedication are invaluable assets to the Town of New Milford.

To be considered for a 2026-2027 Nonprofit Funding Grant, your organization must provide a necessary program or service that benefits New Milford residents and is not currently offered by the Town or its Departments.

As part of the application process, you must submit the following with your application:

- Proof of 501(c)(3) status.
- Copies of your two most recent IRS Form 990 filings.
- An organizational budget.
- A detailed description of the program or service for which funding is requested, along with a program-specific budget.

**A complete list of requirements is included with this letter.** Please note that the Volunteer Grant Review Committee may request additional documentation as needed.

**To apply, complete the attached application and return it via email, along with all required documents to: [nonprofitrequests@newmilfordct.gov](mailto:nonprofitrequests@newmilfordct.gov)**

**Incomplete applications or submissions that do not meet the criteria outlined will not be considered. The deadline for submission is February 13, 2026.**

We appreciate your dedication to serving New Milford and look forward to reviewing your application.,

Sincerely

Mayor Pete Bass

**Town of New Milford**  
**Nonprofit Funding Grant Criteria**  
**2026-2027**

**Criteria for Nonprofit Grant Funding Consideration:**

To be eligible for the Town of New Milford Budget-line Nonprofit Grant Funding, applicants must provide the following:

- **Proof of Service to the Community:** Documentation demonstrating that the organization has delivered a necessary service benefiting New Milford residents that is not currently provided by the Town. ***Please ensure your documentation is current, concise, and specific to the program being presented.***
  
- **Organizational and Program Documents Required:**
  - Proof of 501(c)(3) status.
  - Copies of the two most recent IRS Form 990 filings.
  - A comprehensive description and budget for the upcoming fiscal year, ***specifically covering the program for which funding is sought.***
  - An organizational overview.
  - Documents as listed on the Nonprofit Application.
  
- **Emailed applications and scanned accompanying documents are preferred.** If scanning,, please send one complete application, not multiple files.
  
- **Email to:** [nonprofitrequests@newmilfordct.gov](mailto:nonprofitrequests@newmilfordct.gov)
  
- **Additional Documentation:** The volunteer Grant Review Committee may request further information as needed to support the application.

**Important Notes:**

- All applications ***must*** be completed in full and include all requested documents.
- **Applications submitted after the **deadline of February 13, 2026** will not be considered.**



## 2026-2027 Town of New Milford Nonprofit Grant Application — Page 2

Name of the service/program you wish to fund:

---

Amount of funding requested: \_\_\_\_\_

Please be sure to read the included **Nonprofit Grant Criteria** document. All submitted pages must be clear, legible, and specific to this application.

### **Required Documentation and Information:**

As outlined in the grant criteria, the items listed below must be included with your application. ***Please note: emailed applications & scanned documents are preferred.***

The **following information must be submitted** with your application along with a concise description of the program or service and the targeted demographic.

- An explanation of how the program will address a specific community need.
- The criteria and metrics you will use to measure the success of your program.
- A list of any previous funding awarded by the Town of New Milford, including dates and details on the program's success or status.
- A list of other existing or potential funding sources for the fiscal year of your proposal.
- A complete listing of your organization's Board members and officers.
- Details on how you propose to collaborate with existing programs, if applicable.
- If not currently collaborating, describe potential ways to do so in the future.
- **A program budget for the current *and* next fiscal year.**
- Copies of your two most recent IRS Form 990 filings.
- Proof of valid 501(c)(3) status.
- A list of any special licenses or permits required for the program.

**2026-2027 Town of New Milford  
Nonprofit Grant Application — Page 3**

**Please note:**

**As part of the review process, you may be called upon to present and/or provide details of your program to the Nonprofit Grant Committee.**

**Nonprofit Grant Funding is dependent upon final acceptance at Referendum of the Town Budget.**

**The application review process is a thorough, bi-partisan process and will be afforded to applicants who meet all of the above requirements.**

**Incomplete applications will *not* be considered. Deadline for receipt of application is February 13, 2026.**

**Executive Director Signature: \_\_\_\_\_ Date \_\_\_\_\_**

***Please print name:* \_\_\_\_\_**

**Board President Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***Please print name:* \_\_\_\_\_**



# TOWN OF NEW MILFORD

Roger Sherman Town Hall  
10 Main Street  
New Milford, Connecticut 06776  
Telephone 860-355-6010 • Fax 860-355-6002  
Office of the Mayor  
Pete Bass



## Anti-Terrorism Compliance Policy

In compliance with the USA PATRIOT ACT and other counter terrorism laws, The Town of New Milford requires that each funded affiliate certify the following.

\_\_\_\_\_ certifies that all Town of New Milford donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Executive Director/Chief Professional Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Board of Director's Chairperson or CEO/President

Agency Mailing Information (for receipt of funds):

EIN# \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Town of New Milford 2026-2027  
Nonprofit Funding  
Non-Discrimination Policy

At a meeting of the Board of Directors of \_\_\_\_\_, the Board ( ) adopted ( ) affirmed a policy of non-discrimination, in the selection of its board members, volunteers, committee members or staff and in the delivery of services on the basis of race, color, creed, age, religion, gender, marital status, disability, sexual orientation, national origin, ethnicity or veterans status.

This policy does not prohibit any agency from operating specific programs based on age, gender, health, disability, or other characteristics designed to meet the specific needs of targeted populations. ***The program, however, must be open to all people in those targeted populations or require the adherence of any religious practice or belief in the provision of those services.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director/Chief Professional Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Director's Chairperson/President