

OUTREACH GRANT CHECKLIST AND INFORMATION

DUE OCTOBER 12, 2018 @ 3:00PM

CHECKLIST:

Application

- Organization Information
- Staff Information
- Program Information: Name, Description, Target Audience, Requested Amount

Financial Information

- Program Budget
- Funding Sources
- Annual Operating Budget-to-Actuals; Fiscal Year _____
- IRS 501c3 Determination Letter

Required Documents

- Organizational Chart
- Board of Directors List
- Statement on Relationship with AHCC

NEW INFORMATION FOR 2018-19

- Please submit the grant application **and** all required and supporting documentation electronically, as ONE document with the file named as follows:
 - [Agency Name – Funding Focus.2018-19]
 - **Example:** AHCC – Education.2018-19
 - Funding Foci: Education – Food – Housing – Human Services

- If your agency is selected as a Final Grantee, the payment must be: *(please complete)*

- Made Payable To: _____
- Mailed To: _____
- _____
- _____

- Please include this page with the Grant Application

OUTREACH GRANT INSTRUCTIONS

DUE OCTOBER 12, 2018 @ 3:00PM

Dear Community Partner:

Please note that each area and section of the AHCC Grant checklist and application **must** be completed. The application and supporting documentation must be submitted by Friday, October 12, 2018 by 3:00 pm; late submissions WILL NOT be accepted.

SECTION ONE: ORGANIZATION INFORMATION

Provide the legal name, address, phone number, facsimile, web-address, and e-mail address of the agency/organization applying for the grant. In this section, please include the fiscal year, most recent annual budget.

It is **required** to submit the following data: geographic area served, total number of neighbors served throughout Hartford, and total number of neighbors served in Asylum Hill. The data should have a total number that can be divided into the listed sub-categories. First consideration will be given to those community partners who are established in the Asylum Hill area.

SECTION TWO: STAFF INFORMATION

Make available the name, title, phone, and e-mail of both the Chief Executive Officer (CEO)/Executive Director and Program Contact person. The staff should be the number for each sub-category listed.

SECTION THREE: FUNDING SOURCES

If your agency received a 2017-18 AHCC Outreach Grant, please answer "yes" and state the amount. Please list the top-five funding sources that contribute toward the agency's annual budget.

SECTION FOUR: PROGRAM INFORMATION

This section identifies the Community Partner's program that will be impacted by the receipt of the grant funds. The program must be centered on one of the following categories: education, food, housing, or social services, to qualify for the grant. Please include a brief program description, year the program was established, the population served (e.g., number of clients, women, men, etc.), grant amount requested, and number of AHCC volunteers in the program.

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SECTION FIVE: SUPPORTIVE DOCUMENTATION

Include the following information in paragraph format to support the application: Narrative, Financial Statements, Administration, and AHCC Core Value Compatibility. The supporting documentation shall not exceed ten pages.

SECTION SIX: PROGRAM BUDGET

The budget must reflect the anticipated sources of income relative to the specific program needs, as well as detailed expenses. Please use an additional page if necessary.

DECLARATION

The completed application must be signed by an agency authorized representative (CEO or Executive Director) declaring all information provided is correct. In the event any information is falsified, the agency will be disqualified from receiving a 2018-19 AHCC Outreach Grant.

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OUTREACH GRANT APPLICATION

DUE OCTOBER 12, 2018 @ 3:00PM

SECTION ONE: ORGANIZATION INFORMATION

Legal Name of Organization	
Mailing Address	
Phone and Fax Number	
Website	
E-Mail	
Fiscal Year Annual Budget	
Mission Statement	
Geographic Area Served:	
Numbers Served Annually	_____ TOTAL _____ Men _____ Women _____ Adolescents _____ Children
Numbers Served in Asylum Hill	_____ TOTAL _____ Men _____ Women _____ Adolescents _____ Children

SECTION TWO: STAFF INFORMATION

CEO or Executive Director	
Phone E-Mail	
Program Contact Person	
Phone E-Mail	
Staff Information	_____ White _____ Black _____ Latino _____ Asian _____ Multi _____ Identify as Other _____ Male _____ Female _____ Identify as Other

SECTION THREE: FUNDING SOURCES

Did your agency receive an AHCC Grant in 2017-18?	<input type="checkbox"/> Yes: Amount Received - \$ _____ <input type="checkbox"/> No
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Please list top five funding sources and dollar amount	<input type="checkbox"/> Source: _____ Amount: \$ _____
	<input type="checkbox"/> Source: _____ Amount: \$ _____
	<input type="checkbox"/> Source: _____ Amount: \$ _____
	<input type="checkbox"/> Source: _____ Amount: \$ _____
	<input type="checkbox"/> Source: _____ Amount: \$ _____

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SECTION FOUR: PROGRAM INFORMATION

Program Name			
Program Description <i>(200 words max)</i>			
Year Established		Amount Requested	
Population Served		AHCC Volunteers	

SECTION FIVE: SUPPORTIVE DOCUMENTATION

Include the Organization information in paragraph format to complete the application
(maximum 5 pages):

- A. **Narrative:** History, Goals, Current Programs, Accomplishments
- B. **Budget:** Funding Sources, Annual Operating Budget-to-Actuals
- C. **Documents:** Organizational Chart, Board of Directors
- D. **AHCC Core Value Compatibility:** Relationship status, Partnership History

SECTION SIX: PROGRAM BUDGET Please include budgeted items specific to the program name above; Please use an additional page if necessary.

INCOME	BUDGETED AMOUNT
AHCC Outreach Grant	\$
Combined Health	\$
Greater Hartford Arts Council	\$
United Way	\$
Other:	\$
Other:	\$
TOTAL INCOME	
EXPENDITURES	BUDGETED AMOUNTS
Salary / Benefits	\$
Food	\$
Materials / Supplies	\$
Postage / Shipping	\$
Printing	\$
Other:	\$
Other:	\$

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Other:	\$
Other:	\$
TOTAL EXPENDITURES	\$

DECLARATION: By affixing the authorized signature below, it is declared that the information provided on the above application is true, correct, and complete to the best of the signer's knowledge and belief. It is confirmed that in the event of any information provided on this application is not true, incomplete, and not correct will result in immediate disqualification from receiving the 2018-19 AHCC Outreach Grant.

Printed Name

Signed Name

Title

Date _____