



Greening and Growing the Lower Connecticut River Valley Since 1935

2020 ANNUAL ENVIRONMENTAL GRANT APPLICATION - Submission Deadline: November 7, 2019 at Noon

Handwritten Submissions Will Not Be Accepted - Save form and open from Adobe Acrobat for best functionality

Project Title (limited to 65 characters including spaces):

Location: _____

Project Coordinator (include title): _____

Phone: _____ Email: _____

Applicant Organization: _____

Authorized Agent: _____ Website: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Co-Applicant Organization: _____

Authorized Agent: _____ Website: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Note: When there are Co-Applicants, a letter of agreement from the host entity must be included with the application stating that they agree to be equally responsible for compliance with all grant requirements.

Request: Dollar Amount Requested: \$ _____ Total Project Cost: \$ _____

Synopsis: Describe the project and how it meets the purpose of the grant. The response is limited to no more than 3 sentences and 400 characters (including spaces).

Estimated Number of People to Be Served by the Project: _____ **Age Range of People to Be Served by the Project:** _____

Existing Project: Yes No If yes, has existing project previously been funded by Rockfall?: Yes No

Priorities Addressed: (Check all that directly apply.)

- Contributes to General Environmental Education of the Public
- Promotes Environmental Planning
- Contributes to Preservation of CT River Watershed

Geographic Area Served by the Project: (Check all that directly apply.)

- | | | | | |
|--|--|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> CT River Corridor | <input type="checkbox"/> Long Island Sound | <input type="checkbox"/> Chester | <input type="checkbox"/> Clinton | <input type="checkbox"/> Cromwell |
| <input type="checkbox"/> Deep River | <input type="checkbox"/> Durham | <input type="checkbox"/> East Haddam | <input type="checkbox"/> East Hampton | <input type="checkbox"/> Essex |
| <input type="checkbox"/> Haddam | <input type="checkbox"/> Killingworth | <input type="checkbox"/> Lyme | <input type="checkbox"/> Middlefield | <input type="checkbox"/> Middletown |
| <input type="checkbox"/> Old Lyme | <input type="checkbox"/> Old Saybrook | <input type="checkbox"/> Portland | <input type="checkbox"/> Westbrook | |

Geographic Area Where Organization is located:

Organization Information:

Applicant:

501(c)3 Organization yes no Government Entity yes no School yes no

Federal ID#: _____ Year Organized: _____

Date most recent IRS Form 990 was filed (Non-Profits). Year of Return: _____ Date Filed: _____

Total Operating Budget. Year Ending: _____ Budget: \$ _____

Please attach a one-page summary of the Organization's current budget and a copy of the first two pages of the Organization's most recently filed 990. For those not required to file a 990, attach a copy of the Profit & Loss and Balance Sheet for the most recently completed year as approved by Organization's board.

Briefly state the Applicant Organization's Mission. (Response limited to 400 characters with spaces.)

Briefly describe the Applicant Organization's background/history. (Response limited to 500 characters with spaces.)

Co-Applicant:

501(c)3 Organization yes no Government Entity yes no School yes no

Federal ID#: _____ Year Organized: _____

Date most recent IRS Form 990 was filed. Year of Return: _____ Date Filed: _____

Total Operating Budget. Year Ending: _____ Budget: \$ _____

Please attach a one-page summary of the Organization's current budget and a copy of the first two pages of the Organization's most recently filed 990. For those not required to file a 990, attach a copy of the Profit & Loss and Balance Sheet for the most recently completed year as approved by Organization's Board.

Grant Program / Project Information (bulleted responses accepted):

1. State the program goals for this project. (Response limited to 1,000 characters with spaces.)

2. Describe the project activities including specifically the activities to meet the grant goals. (Response limited to 2,500 characters with spaces.)

3. Describe the measurable outcomes to be achieved by this project. (Response limited to 1,000 characters with spaces.)

4. Provide the project timeline. Be specific as to month(s)/year and activity, and as to project start and end dates. All projects must be completed within one year of the start date or by June 30, 2021, whichever is earlier. (Response limited to 1,000 characters with spaces.)

5. Describe the evaluation methods that will be used to determine whether the objectives of the project have been met. (Response limited to 750 characters with spaces.)

6. Describe how Rockfall's participation in this project will be recognized. (Response limited to 500 characters with spaces.)

7. **Project Financial Information.** Please complete the information below. The match requirement is 25% of the request for grants up to \$3,000 and 50% of the request for grants exceeding \$3,000. **Only materials, in-kind professional services, or cash will be allowed as the match. Volunteer hours are not allowed.** Applicant ability to use a Rockfall grant to leverage additional dollars will be looked on favorably.

Note: If grant is awarded, funding **MUST** be applied to the items/activities described below. Substitutions are not permitted unless prior approval is obtained.

Program Expense Item Description	Rockfall Grant Request	In-Kind or Matching Dollars	Total Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Project Totals	\$	\$	*\$

* This amount should match across and down.

For each amount listed above as a match, please identify whether it is in the form of in-kind professional services or matching dollars, its source, and its status as of the time of this application.

Checklist of Required Attachments:

- List of Board of Directors, including names and professional affiliations
- One-page summary of the Organization's current budget
- 990 Filing (first two pages)

or

Copy of the Profit & Loss and Balance Sheet for the most recently completed year as approved by Organization's Board

For Co-Applicants:

- One-page summary of the Co-Applicant's current budget
- 990 Filing (first two pages)

or

Copy of the Profit & Loss and Balance Sheet for the most recently completed year as approved by Co-Applicant's Board

- A letter of agreement from the host entity, stating that they agree to be equally responsible for compliance with all grant requirements.

Application submitted by:

(Signature) (Date)

Print Name: _____

(Typed signatures are acceptable.)

Organization's Authorized Agent:

(Signature) (Date)

Co-Applicant Organization's Authorized Agent:

(Signature) (Date)

Applications must be received at The Rockfall Foundation by **12:00 noon on Thursday, November 7, 2019**. Applications must be submitted electronically to grants@rockfallfoundation.org. Applications received after the deadline will **not** be considered. If you have any questions please contact Amanda Kenyon, Grants & Communications Coordinator, at the above email address or at 860.347.0340.