



**THE ROCKFALL FOUNDATION 2021 ANNUAL ENVIRONMENTAL GRANT APPLICATION**

**Submission Deadline: November 10, 2020 at Noon**

**Instructions:** Handwritten submissions will not be accepted. Applications must be emailed to [grants@rockfallfoundation.org](mailto:grants@rockfallfoundation.org) prior to the above deadline. Before editing this form, it must be saved and accessed from a location on your PC. If you're viewing it in your internet browser, you will lose changes. Locate the download button and after it's downloaded, select the "Open with system viewer" or "Edit with Adobe Acrobat" options to open the form in Adobe. Then File>Save As to save the document to your preferred location on your computer. Do not begin editing the file until you are certain you are working from the file on your computer's drive.

**Project Title** (limited to 65 characters including spaces): \_\_\_\_\_

Location: \_\_\_\_\_

Project Coordinator (include title): \_\_\_\_\_

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

**Applicant Organization:** \_\_\_\_\_

Authorized Agent: (include title): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Applicant Organization:** \_\_\_\_\_

Authorized Agent (include title): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**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 any that directly apply.)

- Conservation  Preservation  Restoration  Education

**Geographic Area Served by Project:** (Check any that directly apply.)

- CT River Corridor  Long Island Sound  Chester  Clinton  Cromwell  
 Deep River  Durham  East Haddam  East Hampton  Essex  
 Haddam  Killingworth  Lyme  Middlefield  Middletown  
 Old Lyme  Old Saybrook  Portland  Westbrook

**Geographic Area Where Organization is located:**

\_\_\_\_\_

**Organization Information:**

**Applicant:**

Choose one: 501(c)3 Organization  Government Entity  School  Religious Institution

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:**

Choose one: 501(c)3 Organization  Government Entity  School  Religious Institution

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, 2022, 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 based off the Rockfall Grant Request amount. The match must be at least 25% of the grant request. **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	Match (Materials, Cash and In-Kind)	Project Total
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>Project Totals</b>			*

\* 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 Tuesday, November 10, 2020**. Applications must be submitted electronically to [grants@rockfallfoundation.org](mailto:grants@rockfallfoundation.org). Applications received after the deadline will **not** be considered. If you have any questions please contact Tony Marino at the above email address or at 860.347.0340.