

Signature of Contact Person



Б.				Today	's date:	/	/
Pie	ase answer all questions on this page.						
1.							
	Legal name of organization		Telephone			Fax	
2.	Address of organization						
2							
3.	Executive Director/ President Name	Title		Email			
4.	Contact person for this application	Telephone			Email		
5.	Principal purposes and services of your organi	ization:					
6.	Geographic area served:						
7.	Number of persons served annually:			_			
8.	Total number of employees:	_ full-tir	me:	_, part-tii	me:	, voluntee	ers:
9.	Specific purpose for which funds are requested	d					
ls tl	his a new program? Yes No						
10.	Amount requested: \$; Period of	of time	in which fu	ınds will l	oe spent:	from	to
11.	Organization's total budget: \$;	Proje	ct's budge	t (if applic	cable) \$ _		
Fis	scal year: / / to	/_	/				
12.	Letter from IRS stating 501(c) (3) tax status or	r gover	nment inst	rumental	ty:		
Yes	s (please attach copy) No						
13.							

Signature of Executive Director or President





NARRATIVE: Please limit to five pages

Organization Information (no more than two pages)

Brief summary of organization's history, mission and goals

- Description of current programs and accomplishments
- Population the organization benefits: socio-economic status; language; age; physical abilities and/or other descriptions, as appropriate; and how your organization involves them in its planning process.

Briefly answer the following:

Purpose of this grant

- Statement of community needs/issues to be addressed; description of target population to benefit. 0
- Description of project goals for which funds are being requested. 0
- Project description, including objectives, activities, timeframe, number served and frequency. 0
- Description of how the people expected to benefit from the project have been or will be involved in its 0 development and implementation.
- Description of how you plan to evaluate the success of the project, including outcomes, results, 0 and sustainability
- Publicity Plan. Please include how your organization will recognize the FSP Foundation i.e. press releases, 0 newsletters, website, ect.

Budget/ Financial Information

- Budget for this grant request showing income and express
- Total of program budget 0
- Listing of other sources you have applied for (foundations, corporations, others) and at what amount of funding for this request/ project

Other supporting materials

- Board membership list with names 0
- Copy if IRS 501 (c) (3) determination letter or Government instrumentality letter. 0
- If fiduciary agency is a town or city the Mayor or First Select person needs to submit a letter with their signature.

For Questions or Inquiries please contact

PFP Services, Attn: Toni Boulay PO BOX 1500, Orange, CT 06477 800-990-7890 x 1405 | tboulay@familysecurityplan.com