



# Town of Simsbury

933 HOPMEADOW STREET ~ SIMSBURY, CONNECTICUT 06070

## FY 2020-21 AGENCY GRANT APPLICATION Application for Funding Requests

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The Town of Simsbury has developed a standard application for completion by non-profit and not-for-profit agencies and local government entities requesting funds from the Town. This application is for funding requests for the fiscal year period of July 1, 2020 - June 30, 2021. Completed applications with all supporting documentation must be received by the Town Manager's Office by *January 17, 2020*.

New Application Request     Renewal Application Request

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

Address: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

e-mail: \_\_\_\_\_ Telephone # \_\_\_\_\_

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Amount Requested from the Town of Simsbury for FY 2020-2021:

\$ \_\_\_\_\_

Specify how the monies requested will be expended:

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If the amount being requested represents an increase from current FY funding, list justification for the additional monies:

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Total Annual Agency Budget:

\_\_\_\_\_

| Income Source | Amount |
|---------------|--------|
|               |        |
|               |        |
|               |        |
|               |        |
|               |        |

Contributions from other Towns and dollar amounts you received last FY:

| Town | Funding Requested | Funding Received |
|------|-------------------|------------------|
|      |                   |                  |
|      |                   |                  |
|      |                   |                  |
|      |                   |                  |
|      |                   |                  |
|      |                   |                  |

Provide a brief description of your agency, the services it provides, and the characteristics of the recipients of your program(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Target Population** (please check categories):

- Children (0-12)
- Youth (12-18)
- Families (2+ per household)
- Single Adult (18 - 60)
- Seniors (60+)
- Disabled (any age)

PLEASE COMPLETE THE FOLLOWING TABLES FOR EACH “SERVICE TYPE” THAT WILL BE **PROVIDED USING THESE FUNDS**. MAKE ADDITIONAL COPIES IF NECESSARY.

| SERVICE/PROGRAM                           | Last Fiscal Year | Current Fiscal Year | Projected Next Fiscal Year |
|---|------------------|---------------------|----------------------------|
| Total # of Clients Served                 |                  |                     |                            |
| # of Simsbury Clients or Residents Served |                  |                     |                            |
| Total # of Simsbury Contacts              |                  |                     |                            |
| Average Time spent per Client or Resident |                  |                     |                            |
| Cost per Client/ Unit of Service          |                  |                     |                            |

Are any of these services funded through client fees, donations, other agency contracts (DSS, DCF, DMHAS), grant funds or private insurance?  Yes  No

If so, what is the justification for requesting Town funds?

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Tax status: Agency is  a non-profit 501(c)(3)  a non-profit 501(c)(6)  
 other \_\_\_\_\_

**Other Required documentation that must be attached:**

1. List of Board of Directors
2. Most recent annual report
3. Most recent financial audit
4. Current organizational Budget Summary identifying revenues, **highlighting all municipal funding.**
5. Copy of the IRS 501(c)(3) or IRS 501(c)(6) ruling letter

**Required Signatures:**

Board Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

Submit to: Thomas Fitzgerald  
Town of Simsbury  
Management Specialist  
933 Hopmeadow Street  
Simsbury, CT 06070  
**OR** [tfitzgerald@simsbury-ct.gov](mailto:tfitzgerald@simsbury-ct.gov)