



Town of Simsbury

933 HOPMEADOW STREET ~ SIMSBURY, CONNECTICUT 06070

FY 2024-25 AGENCY GRANT APPLICATION Application for Funding Requests

The Town of Simsbury has developed a standard application for completion by non-profit and not-for-profit agencies and local government entities who serve Simsbury residents requesting funds from the Town. This application is for funding requests for the fiscal year period of July 1, 2024 - June 30, 2025. Completed applications with all supporting documentation must be received electronically by the Town Manager's Office by **January 12, 2024**

New Application Request Renewal Application Request

Agency: _____

Address: _____

Prepared by: _____ Title: _____

e-mail: _____ Telephone # _____

Amount Requested from the Town of Simsbury for FY 2024 - 2025: \$ _____

Specify how the monies requested will be expended:

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

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):

- | | |
|--|---|
| <input type="checkbox"/> Children (0-12) | <input type="checkbox"/> Single Adult (18 – 60) |
| <input type="checkbox"/> Youth (12-18) | <input type="checkbox"/> Seniors (60+) |
| <input type="checkbox"/> Families (2+ per household) | <input type="checkbox"/> 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 to Date	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?

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) determination letter

Required Signatures:

Board Chair: _____ Date: _____

Executive Director: _____ Date: _____

Submit to: tfitzgerald@simsbury-ct.gov