

# WESTPORT WESTON FAMILY YMCA

BEDFORD FAMILY SOCIAL RESPONSIBILITY FUND Preliminary Grant Application

\* Required

1. Email \*

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## ORGANIZATIONAL INFORMATION

The following information is specific to the organization (the "Organization" also referred to as the "Applicant") that is responsible for the program for which you are seeking grant funding.

2. Legal Name of Organization \*

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3. Date of Application \*

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*Example: January 7, 2019*

4. d/b/a Name \*

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5. Federal EIN \*

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6. Address \*

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7. Website url: \*

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8. CEO/Executive Director: \*

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9. E-mail: \*

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10. Phone: \*

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Budget

Organization's Budget for  
Fiscal Year Ending 2021:

11. Total Income \*

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12. Total Expenses \$ \*

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Mission Statement

13. Mission statement and brief history, including primary programs in support of the mission: \*

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PROGRAM INFORMATION

The following information is specific to the program for which you are seeking grant funding (the "Program"). The amount of grant funding you are seeking for the Program and to be spent in the calendar year is referred to as your "Grant Request."

Program Overview

14. Program Name/Title: \*

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15. Program Contact Name and Title: \*

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16. E-mail: \*

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17. Phone: \*

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18. Total Program Budget: \*

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19. Your Grant Request: \*

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20. Please provide a short summary of the Program: \*

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21. Describe target population and number of individuals expected to be served by the Program: \*

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22. Describe how the Program will benefit the community in a transformational way: \*

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Program Objectives and Measurement:

Please list the top 3 objectives of the Program, the action that will be taken to reach this objective, and how this action will be evaluated and measured.

23. Objective 1: \*

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24. Action 1: \*

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25. Evaluation 1: \*

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26. Objective 2: \*

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27. Action 2: \*

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28. Evaluation 2: \*

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29. Objective 3: \*

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30. Action 3: \*

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31. Evaluation 3: \*

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Program Budget and Funding Strategy:

32. What are your long-term strategies for sustaining the Program? \*

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33. If we are only able to partially fund your Grant Request (e.g., if you received 50% of your Grant Request), will you be able to proceed with the Program? \*

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34. Total Program Income \*

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35. Total Program Expenses (sum of Expenses below) \*

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36. Personnel \*

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37. Facilities \*

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38. Equipment \*

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39. Promotion \*

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40. Travel \*

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41. Supplies \*

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42. Other \*

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Please send a copy of your current IRS 501(c)  
(3) Determination Letter to  
[bfsrf@westporty.org](mailto:bfsrf@westporty.org).

The completed Preliminary Grant Application, together with a copy of your current IRS 501(c)(3) Determination Letter, should be submitted by September 9, 2020. For questions regarding his application, please contact us at [bfsrf@westporty.org](mailto:bfsrf@westporty.org).

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