



**NAUGATUCK SAVINGS BANK  
FOUNDATION**

*Making a Difference*

**2010 GRANT APPLICATION**

Legal Name of Organization	Date of Incorporation
Address of Organization	Telephone / Fax Numbers
Federal Tax ID Number	Agency Website
Chief Executive Officer (CEO) / Executive Director Name	Title
Contact for application (if different from CEO/Executive Director)	Contact Title
Contact E-mail address	Contact Telephone / Fax Numbers
# of Staff (full time/part time) _____ FT _____ PT	Frequency of Board Meetings:
# of Board Members	Average % attendance:
Agency Budget for Current Fiscal Year: \$	Agency Budget for Last Fiscal Year: \$
Project Name or Use of Funds:	Grant period: From: To:
Total Project Cost: \$	Amount requested from NSBF: \$

Is applicant a public institution or private tax-exempt organization under Sections 501(c) (3), 501(c) (4) or 501(c) (6) of the Internal Revenue Code? Yes  No  (Please provide copy of verification of status)

**Organizational Revenue Sources:**

___% Public	___% Grants (Foundation)	___% Individual Gifts
___% Grants (Foundation)	___% United Way	___% Membership
___% Fees	___% Investment Income	___% Special Events

\_\_\_\_\_  
Signature of Board Chair/Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Executive Director (or equivalent)/Date

\_\_\_\_\_  
Print Name and Title

**Please send one original and one copy to:**

**Caren Bouchard  
Naugatuck Savings Bank Foundation  
251 Church Street, PO Box 370  
Naugatuck, CT 06770**

**Proposal Narrative: Please use 12 point Garamond font and restate each question in its entirety.**

- 1) **SUMMARY:** In one paragraph, describe the purpose of this request. What is the target population, location, and timeframe? Is it a new, existing, or improved/expanded program? What are the specific, quantifiable results that you plan to achieve?
- 2) **ORGANIZATION:** In one paragraph, describe your organization, identifying its mission, programs/services, geographic focus and client base.
- 3) **STATEMENT OF NEED:** What is the specific community need(s) that your proposed program will address? Include data substantiating the existence/scope of this need, citing specific source materials. How does this project relate to your agency's strategic plan and/or program priorities?
- 4) **WORKPLAN:**

**a) Workplan Narrative**

Describe your plans for implementing the program. For instance: **WHO** will be carrying out the activities? Provide information on their skills & experience. **WHEN** will they occur? **WHERE** will programs take place? **HOW** will clients/participants be notified, if recruitment is necessary? **HOW MANY** area residents will benefit (providing information about their age, race, special needs, towns of residence, etc)?

**b) Workplan Timeline**

Complete the following table:

Activities	Timeline	Results

- **Activities** - List the principal steps that you will take to complete the program (i.e. hire staff, conduct publicity campaign, recruit participants, hold workshops, etc.)
  - **Timeline** - Assign benchmark dates (months) when principal activities will be completed.
  - **Results** - List the projected results of your program. These can include changes in skill levels, knowledge, attitude, behavior, life condition, status, or numbers served that result from your program. They should be: **quantifiable and your method for collecting the information noted** (e.g., surveys, testing, etc.)
- 5) **SUSTAINABILITY:** What steps has your agency taken, if applicable, to plan for the continuation of this program after the initial grant period?

**If applying for a Capital Campaign, please answer the following additional questions (if not, delete this section):**

1. Include a copy of your campaign feasibility study (**required**). What impact do you think a capital campaign will have on annual giving? How have you developed your project so that your board will participate fully in the campaign? Summarize your organization's past experience with both capital and annual campaigns.
2. Provide the status of your capital campaign, listing amounts of requested versus secured contributions.
3. If your campaign involves a consultant, provide qualifications, work plan and cost estimate. Why this firm/person?

# Proposed Project Budget & Explanation

**ELIGIBLE EXPENSES:** The Foundation will fund *primarily* direct costs incurred in starting or improving a program. However, indirect/overhead expenses are permitted as a line item – overhead above 10% of request must be documented in the Budget Narrative.

**Organization Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**I. PROPOSED PROJECT BUDGET**

**Program Year: (Month/Year - Month/Year):** \_\_\_\_\_

LINE ITEM EXPENSE DESCRIPTION (PLEASE ADD ADDITIONAL LINES IF NEEDED)	SUPPORT FROM YOUR AGENCY*	SUPPORT FROM OTHER FUNDERS**	NAUGATUCK SAVINGS BANK FOUNDATION	PROJECT TOTAL
<b>PERSONNEL (LAST NAME, POSITION, % TIME ON PROJECT):</b>				
1)	\$	\$	\$	\$
2)	\$	\$	\$	\$
3)	\$	\$	\$	\$
TOTAL FRINGE BENEFITS (@ ___%)	\$	\$	\$	\$
<b><i>Sub-Total Personnel</i></b>	\$	\$	\$	\$
<b>OTHER PROGRAM EXPENSES<sup>1</sup></b>				
1)	\$	\$	\$	\$
2)	\$	\$	\$	\$
3)	\$	\$	\$	\$
4)	\$	\$	\$	\$
5)	\$	\$	\$	\$
<b><i>Sub-Total Other Expenses</i></b>	\$	\$	\$	\$
INDIRECT/OVERHEAD (BELOW 10%)	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$	\$

\* Revenues generated by program and agency in-kind contributions (please asterisk in-kind contributions)

\*\* Total revenues requested from other sources (break out other funders in table below)

<b>** SUPPORT FROM OTHER FUNDERS (SHOULD REFLECT TOTAL OF OTHER FUNDERS COLUMN ABOVE)</b>		
FUNDER NAME	REQUEST AMOUNT	STATUS (COMMITTED / PENDING / PROJECTED). PLEASE NOTE DECISION DATE, IF KNOWN
1)	\$	
2)	\$	
3)	\$	
<b>TOTAL REVENUES (FROM OTHER FUNDERS)</b>	\$	

**II. Budget Narrative / Explanation**

*Please use an additional page for budget narrative / explanation, accounting for each line item request in detail (e.g., Printing: 10,000 copies @ \$.03/copy, Total = \$300). If you are requesting support for significant **equipment/capital expenditure**, include three quotes.*



# NAUGATUCK SAVINGS BANK FOUNDATION

*Making a Difference*

### CRA FORM

One of the priorities of The Naugatuck Savings Bank Foundation is to provide opportunities for individuals and families who are of low or moderate income. The Foundation seeks your assistance in documenting the use of its funds for these purposes. **The following information must be provided with your grant application.**

Name of project: \_\_\_\_\_

Project duration: (month year/start/finish): \_\_\_\_\_

Number of persons assisted who are below the federal poverty level: \_\_\_\_\_

Number of persons who are below the 185% federal poverty level: \_\_\_\_\_

#### Federal poverty level indices:

Size of family unit	One	Two	Three	Four	Five
Federal poverty level	10,830	14,570	18,310	22,050	25,790
185% federal poverty level	20,035.50	26,954.50	33,873.50	40,792.50	47,711.50

If you utilize **other indicators of need**, please describe the indicator and the process you utilize for determining need:

\_\_\_\_\_

#### **Ethnicity of clients:** (Number)

African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ White, non Hispanic \_\_\_\_\_ Other \_\_\_\_\_

The information provided above is accurate to the best of my knowledge.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

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

Please include this form with your grant application. If you have any questions, please contact Josh Carey at 203.753.1315 or [josh@conncf.org](mailto:josh@conncf.org). For your own protection, please do not email to Naugatuck Savings Bank Foundation any confidential information such as account numbers or Social Security numbers. If your communication contains confidential information, we suggest you call us at 203.729.4442, toll free 877.729.4442 or mail to Naugatuck Savings Bank Foundation, 251 Church Street, Naugatuck, CT 06770. Thank you.



## CHECKLIST FOR SUBMITTING A GRANT APPLICATION

Please check to see that all requested information is included.

### **The full proposal, as follows:**

- Grant proposal summary sheet
- Proposal narrative
- Project budget / Budget explanation
- Signed CRA form
- Copy of your campaign feasibility study (*if applying for a capital campaign*)
- Documentation of support

**Note:** For programs in schools, the application must document the school's commitment to the specific program as evidenced by the signature of the superintendent or building principal on the summary sheet. For programs in schools proposed by outside arts, cultural or other organizations, the application must include a letter signed by the superintendent or building principal committing to the specific project.

- Please mail one original and one copy to:

**Caren Bouchard**  
**Naugatuck Savings Bank Foundation**  
**251 Church Street, PO Box 370**  
**Naugatuck, CT 06770**

### **ONE HARDCOPY each of:**

- BOARD OF DIRECTORS LIST – Please include the most recent Board list for your organization. The applying organization must have a minimum six-member board, representative of the community, of which a majority is neither employees nor relatives of employees.
- IRS TAX STATUS LETTER: The applicant must be either a public institution or a private tax-exempt organization under Sections 501(c) (3) or 501(c) (4) of the Internal Revenue Code.