



# EVERETT CITIZENS FOUNDATION

GRANT FUNDING APPLICATION FY21 Round II

DUE: Monday, April 5,

**Grant Request Limit: \$10,000;**

limit one award per applicant per fiscal year.

***Instructions:** Please fill out application completely, using additional sheets as necessary. Please submit completed application and any attachments via email to: [ECFoundation@ci.everett.ma.us](mailto:ECFoundation@ci.everett.ma.us) with "ECF Application" in the subject line. If you do not have access to email, completed applications may be mailed to: Everett Citizens Foundation c/o Office of the City Solicitor - Matt Lattanzi, 484 Broadway, Everett, MA 02149.*

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

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

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Name of Project:** \_\_\_\_\_

**2. What is the focus of your organization- what type of service do you provide?**

\_\_\_\_\_

**3. Estimated number of total beneficiaries from the proposed project?**

\_\_\_\_\_

**4. Program Description:** Please attach a summary of your proposed project, explaining the entire scope and essential elements of the project.

**Project Need:** What is the need for the proposed project? Define the need or problem to be addressed within the city of Everett.

**Project Feasibility:** Please demonstrate that the project is feasible and ready to proceed by providing the following:



- a. Describe the present status of the project design and project readiness to proceed.
- b. Project Budget and Project Oversight – Please provide information to describe how the budget was developed and that the costs are reasonable and the staffing plan for the project is sound.
- c. Identify the project milestones, state the duration of time needed for each milestone, and identify when each milestone will be completed.
- d. Describe who will be involved in project implementation.

**Project Impact:** What will be the impact of the proposed project/program? Describe the impact the activity will have on the specifically identified needs. What measurable improvements will result from the activity? How much of the need will be addressed? Define the direct and indirect outcomes that will result from the project. Explain the measures that will be used to determine that the desired outcomes are achieved.

**5. Project Budget Information:**

**Total Everett Citizens Foundation Request:** \$ \_\_\_\_\_

**Total Project Cost:** \$ \_\_\_\_\_

**What is your organization's total annual budget?** \$ \_\_\_\_\_

- a. Provide a detailed budget for the proposed program. Please specify how grant funds will be used and cite the sources of any other project funding.
- b. Document your experience in providing similar services, costs of comparable services and the process used to review the accuracy of the budget.
- c. Explain the qualifications of person who prepared the budget.

**6. Is your organization based in Everett? If not, where is it headquartered?**

**7. How many years has your organization operated in Everett?**

**8. What other work has your organization completed in Everett?**



**9. Did you receive grant funds from the Everett Citizens Foundation in the past? If so, what did you use the money for?**

*ECF requires successful applicants to submit a report of what the funding received was used for.*

*ECF reserves the right to request further information from applicants as it reviews applications.*