

The Cornwall Foundation

Grant Guidelines



The Cornwall Foundation's mission is to enhance the quality of life in Cornwall and to maintain its unique beauty and character now and in the future.

The Cornwall Foundation invites applications from organizations serving residents of Cornwall, Connecticut. Applications are invited for projects that will build the organization's capacity to more effectively carry out its mission.

Eligibility

1. Proposals are accepted from nonprofits, municipalities, community organizations or civic entities serving residents of Cornwall, Connecticut. Community groups may apply using a nonprofit organization as a fiscal agent.
2. Preference is given to organizations that rely primarily on local community support.
3. Grants will not be awarded retroactively for funds already spent.
4. Grant requests must either meet one-time needs or serve as seed money for new programs. Grants are not typically made for operating expenses, ordinary maintenance, or the liquidation of debt.
5. All organizations receiving grants must submit a report on the outcome of the funded program within two months of the expenditure of the grant funds.

The Foundation does not support organizations that in their constitution, by-laws, or practice, discriminate against a person or group on the basis of age, race, national origin, ethnicity, gender, disability, sexual orientation, political affiliation, or religious belief.

Grants are awarded four times per year, in **February, May, September and November**. A grant application must be **received in the Foundation post office or email box** on or before the last day of the month preceding the month in which grants will be made.

The Cornwall Foundation, Inc.

P. O. Box 116, WEST CORNWALL, CT 06796; CORNWALLFOUNDATION.ORG
INFO@CORNWALLFOUNDATION.ORG

The Cornwall Foundation
Grant Application



Date:

1. Legal name of Organization:

Address:

City:

State:

Zip

Phone:

Fax:

Email:

Website address

2. IRS 501(c) (3) nonprofit or municipality: Yes No

- a. If no, identify your fiscal agent and include a copy of a written agreement from fiscal agent to sponsor the project.

Fiscal agent

3. Contact person and title:

4. Executive Director (if different from contact):

5. Organization's mission:

6. Brief summary of the proposal:

7. Total annual organization budget: \$ _____ Fiscal Year End _____

8. Project budget: \$ _____

9. Amount requested: \$ _____

10. The period this grant will cover: _____ to _____

11. List any previous support from the Cornwall Foundation:

12. What other steps have you taken to raise funds for this program? Please list other funding sources being sought for this program; include the name(s) of the organization(s) and the date of application. *

13. Describe the project/program for which grant monies are being requested and how the funds requested from the foundation will be used to support the project.

14. The Cornwall Foundation aims to enhance life in Cornwall for all its residents. Describe how this project will contribute to that goal.

Attachments

All of the following attachments must accompany the application.

1. IRS letter confirming tax-exempt status (501(c) (3) or 509(a)), or letter from fiscal agent.
2. Current list of board members.
3. Most recent independent audit or Form 990, if applicable.
4. Detailed project budget showing income and expenses, including any other companies and foundations being approached to fund this proposal, with dollar amounts indicating which sources are committed, pending, or anticipated.
5. Current organizational operating budget.
6. Certificate of Non-Discrimination (attached).

Email the application to info@cornwallfoundation.org or send via regular mail to:

**The Cornwall Foundation
P. O. Box 116
West Cornwall, CT 06796**

By typing a name on the following signature lines, you represent and agree that (1) the typewritten name shall constitute the signature of the named person and (2) you are the named person or are authorized by that person to sign this document on his or her behalf.

Signature of the applying organization's Board

Chair:

(Indication of Board approval)

Signature of applying organization's CEO/Executive

Director:

Date Application Submitted:

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CERTIFICATE OF NON-DISCRIMINATION

The governing board of: _____ maintains the following policy of non-discrimination:

1. No person is excluded from agency programs or benefits because of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law.
2. There is no discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law with regard to hiring, assignment, promotion or other conditions of staff employment.
3. There is no discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law on the agency's governing body.

I certify that the practices of this organization conform to the policy of non-discrimination stated above.

By typing a name on the following signature line, you represent and agree that (1) the typewritten name shall constitute the signature of the named person and (2) you are the named person or are authorized by that person to sign this document on his or her behalf.

Date

Signature of CEO or Executive Director

FOR FOUNDATION USE ONLY:

Date application received:

Date reviewed by board:

Amount approved:

Contingencies:

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