



Office of Mayor Caroline Simmons
2024 Community Micro-Grant Program Application
DUE MAY 3, 2024

Email application to: communitygrants@stamfordct.gov

****PLEASE NOTE****

- Previous recipients will not be considered if final reports have not been submitted by May 3, 2024.
- Only 1 project per organization will be considered.

ORGANIZATION INFORMATION

Applicant/Group Name:	
Organization Type:	Please choose organization type below: <input type="checkbox"/> Neighborhood Association <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Other
Mission Statement:	
Funding Request Amount (Maximum funding amount is \$10,000. Funding requests above \$10,000 will not be considered.):	
Project Summary:	
Neighborhood Served:	

Project Contact:	Name: Title: Address: Phone: Email:
Fiscal Agent (if different from organization applicant):	Name: Title: Address: Phone: Email:
Have you included the W9 for the applicant organization or fiscal sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT INFORMATION

Project Description and Purpose: In 500 words or less, please describe the issue or condition that you intend to address. Provide details about the project, including any specific location. Include any strategy for upkeep and sustainability. What are the intended short and/or long-term benefits of the project to the community.

Plan Implementation and Timeline:	Start Date: End Date:
Is the proposed project on city property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, please explain, including any preliminary conversations with City staff (by department and staff name).</i>
Will the project require the approval of a permit from the City of Stamford?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain, including any preliminary conversations with City staff (by department and staff name).</i>

BUDGET/BUDGET NARRATIVE

Describe how you arrived at your budget estimates. Distinguish among grant funds, matching funds and in-kind services, voluntary labor, or other contributions to the proposed project. Attach a budget as a separate form if you need additional space.

Items	Grant \$	In-Kind
Totals:		

PROJECT SUPPORT

Applicant neighborhood associations, organizations or clubs should include evidence of grassroots support in the form of meeting minutes, resolution, or similar proof such as signatures of support from residents affected by or abutting the proposed project. How does this project fit into goals of current City plans ([Master Plan](#), [neighborhood plans](#), etc.)

REPORTING

Successful grantees may be required to submit progress reports and will be required to submit a final project report. Where applicable, the final report must include photos of the completed project. All final reports are required to include back-up receipts for expenses paid. The funded projects will be summarized and available for review on the city's website.

SUBMITTAL INSTRUCTIONS:

1. Ensure the application form and budget are filled out completely.
2. Print the first page of the application and obtain signatures from Project Leader and, if needed, an authorized representative of the Fiscal Agent. Scan the page and include it with the application.
3. Save the application and attach it to an email to be sent to communitygrants@stamfordct.gov
4. If technical issues prevent emailing the application, it can be mailed or delivered to:
Janeene Freeman
Special Assistant to the Mayor for Community Partnerships & Engagement 888
Washington Blvd, 10th Floor
Stamford, CT 06901

THIS GRANT APPLICATION IS DUE ON OR BEFORE MAY 3, 2024