

TOWN OF NEW MILFORD



Roger Sherman Town Hall
10 Main Street
New Milford, Connecticut 06776
Telephone 860-355-6010 • Fax 860-355-6002
Office of the Mayor
Pete Bass



Dear Non-Profit Organizations,

First of all I wanted to thank you for the positive impact you have on our community. Your hard work and dedication is truly an asset to New Milford.

To be considered for funding a non-profit applicant must provide a necessary service that benefits the residents of the New Milford community by augmenting an existing service provided by the Town of New Milford and its departments or by providing a necessary service not currently provided by the Town of New Milford departments.

Applicants for non-profit funding consideration must provide proof of 501c status, two most recent 990 forms, organization budget for the next fiscal year and a complete description and budget for the service or program being presented for funding. The volunteer review team may request additional documentation to those listed as they deem necessary.

If you wish to request funding, please complete the application and return it to the Mayor's office. Please be sure to adhere to the criteria and application format as **incomplete applications will not be considered.**

The deadline for application submission is January 3, 2022

You can email any questions to: nonprofitapplicationsubcommittee@newmilford.org

We look forward to receiving your application.

Sincerely,



Pete Bass - Mayor



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Town of New Milford Non-Profit Funding Sub commission Criteria for Funding Consideration

Criteria for Non-profit funding consideration:

To be considered for funding a non-profit applicant must provide a necessary service that benefits the residents of the New Milford community by augmenting an existing service provided by the Town of New Milford and its departments or by providing a necessary service not currently provided by the Town of New Milford departments.

Applicants for non-profit funding consideration must provide proof of 501c status, two most recent 990 forms, organization budget for the next fiscal year and a complete description and budget for program being presented for funding. The volunteer review team may request additional documentation to listing above as they deem necessary.

2022-2023- Grant Application to the Town of New Milford
Town Operating Grant Application

Completed application to be returned to Office of the Mayor, 10 Main Street, New Milford CT 06776

Organization name:	
Mailing address:	
Town / City / Zip	
Phone #:	
Website:	
Executive Director:	
Executive Director phone:	Email:
Application preparer:	
Contact phone:	Email:

Name of the service/program you wish to provide: _____

Amount of funding requested: _____

Organization Mission Statement: (250 words max.)

Please attach the following documents:

- Detailed description of service/program to be provided and the intended impact on the community.
- Details of how the service/program provided will satisfy a community need and the targeted demographic.
- Criteria that you will use to measure success of your service/program in the community.
- Details of how your service/program currently works in collaboration with existing services/programs.
- If you are not currently collaborating, in what ways could your service/program work to do so.
- Budget for current and next fiscal year.
- Two most recent 990 forms
- Proof of valid 501c status.
- All special licenses and/or certifications required to provide intended service/program.
- Listing of all organization officers and Board members.
- List of any previous funding awarded by the Town of New Milford and the success and status of same.
- List of other existing or potential funding sources for the fiscal year of your proposal.

Please note: As part of the review process you will be called upon to present and provide details of your program to the Town Council. All funding will be awarded after a final review by the Town of New Milford. The application review process will be thorough, and preference will be afforded to applicants who meet the above requirements.

Incomplete applications will *not* be considered. Deadline for receipt of application is January 3, 2022.

Executive Director: _____ Date: _____

Please print name: _____

Board President: _____ Date: _____

Please print name: _____

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Town of New Milford Anti-Terrorism Compliance Policy

In compliance with the USA PATRIOT Act and other counter-terrorism laws, the Town of New Milford requires that each funded affiliate certify the following:

"I hereby certify on behalf of _____

[name of Grantee] that all Town of New Milford donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."

Date

Executive Director/Chief Professional Officer

Date

Board of Director's Chairperson or CEO/President

Agency Mailing Information (for receipt of funds):

EIN# _____

Agency Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Agency Contact Information:

Name: _____

Phone: _____

Email: _____



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Town of New Milford 2022-2023 Nonprofit Funding Non-Discrimination Policy

At a meeting of the Board of Directors of _____,
the Board () adopted () affirmed a policy of non-discrimination, in the selection of its board
members, volunteers, committee members or staff and in the delivery of services on the basis of
race, color, creed, age, religion, gender, marital status, disability, sexual orientation, national
origin, ethnicity or veterans status.

This policy does not prohibit any agency from operating specific programs based on age, gender,
health, disability, or other characteristics designed to meet the specific needs of targeted
populations. The program, however, must be open to all people in those targeted populations or
require the adherence of any religious practice or belief in the provision of those services.

Date

Executive Director/Chief Professional Officer

Date

Board of Director's Chairperson/President