



Grant Application

How to Complete this Form: You may fill out this form electronically using Adobe Acrobat Reader (free at get.adobe.com/reader) or the free Adobe Fill & Sign app. To sign, use the Fill & Sign tool to type, draw, or insert your signature. Or you may print the form and complete it by hand.

Return the completed form to the CJK Foundation:

- Email to Krissy@cjf-foundation.org with the subject line "Grant Application"
- Or mail to CJK Foundation, P.O. Box 242, Cheshire, CT 06410

Deadlines: Spring applications must be submitted by March 1st and fall applications by October 1st.

Questions: Please contact Krissy@cjf-foundation.org.

1. Applicant Information

- Organization Name:
- Applicant Name (Primary Contact):
- Position/Title:
- Phone Number:
- Email Address:
- Website (if applicable):
- Physical Address:
- Mailing Address (if different):

2. Project/Program Information

- **Project/Program Name:**
- **Project Description.** Provide a brief overview of the project or program, including the mission, objectives, and the target audience.
- **Goals and Expected Outcomes.** What do you hope to achieve with this grant? Describe specific goals and measurable outcomes.
- **Start Date of Project/Program:**
- **End Date of Project/Program:**
- **Total Dollar Amount Requested:**
- **Other Sources of Funding (if applicable).** Please list any other funding sources secured or applied for to support this project.

3. Project Budget

- **Total Project Budget:**
- **Breakdown of Budget.** Enter dollar amounts.
 - Personnel Costs:
 - Equipment/Materials:
 - Program Costs:
 - Marketing/Outreach:
 - Administrative Costs:
 - Other (Specify):
- Provide a detailed budget breakdown for how the grant funds will be used. You can provide your own breakdown if you have it already created. If a line item here will not be used, you may leave blank or put N/A.

4. Organizational Background

- **Mission Statement of Organization:**
- **Brief History of Organization and its Achievements:**
- **Describe Organization's Previous Experience with Similar Projects:**
- **Key Staff and Their Qualifications** (e.g., education, experience, etc.).

5. Evaluation and Impact

- **How will the success of the project be measured?** Describe the methods or tools that will be used to evaluate the impact and success of the project.
- **Long-Term Impact on Community, Field or Beneficiaries:**

6. Additional Information

- **Support Materials (Optional).** Attach any relevant documents or support materials such as letters of recommendation, reports, surveys, or other documents that may strengthen your application.
- **Conflicts of Interest.** Please disclose any potential conflicts of interest that could affect the grant application process or project implementation.

7. Certification and Signature

By signing below, I certify that the information provided in this application is accurate and complete, and I authorize The CJK Foundation to verify any information as necessary. Applicant agrees to comply with any resulting terms if I accept the grant award.

- **Applicant Name (Printed):**
- **Signature** (*Use the Fill & Sign tool to type, draw, or insert your signature.*)
- **Date:**