



Grant Request Application

Please print or type with attachments that answer the following questions. Send complete application and attachments to:

**Carrie Fuller-McMahon, Founding Director
The Foundation of Possibilities
24 Gina Lane
Marlborough, CT 06447**

Applicant Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Signature: _____

Please check one: I am applying for a grant as an individual
 I am applying for a grant as an organization

Please answer the following questions on a separate document and attach

1. ***If applying for support as an individual***, please describe in detail the need for financial assistance and/or any barriers you have encountered in providing this assistance for yourself and/or your child or children. Please include any additional information concerning any related economic or social challenges affecting the rest of your family due to this need. ***If applying as an organization***, please describe in detail the need/program that you are applying for financial assistance for, and/or any barriers you have encountered in providing this need/program in the past.
2. ***If applying for support as an individual***, please identify family wage earners, number and age of dependents (children and/or adults) and other limiting factors. . ***If applying as an organization***, please share any other financial assistance sources that you have secured for this need/program.
3. Please list any other organizations and/or resources you have sought or received assistance from. If appropriate, please include a copy of the grant or denial letters.
4. Do you anticipate any additional assistance beyond this request? If so, what is the total estimated amount needed and when?

5. **If applying for support as an individual**, please include a signed copy of your family's most recent 2 years tax returns (including schedule A/itemized deductions) filed with the Internal Revenue Service. **If applying as an organization**, please include a signed copy of your operating budget and detailed project/program budget.
6. If a grant is provided to you/your organization/your program, will you allow The Foundation of Possibilities to use your child and/or family's story in our marketing materials? (i.e., website, newsletter, brochure, video at a fundraising event, etc.)
7. Are you willing and able to provide an assessment at least twice during this grant period to show progress and state how these funds have attributed/are attributing to achieve the desired purpose in which the grant was intended?
8. How did you hear about us?

Grant Parameter Guidelines

Grants will be given to a child/family/organization with demonstrated financial need for the following purposes:

1. To provide financial assistance with a short term need for the child/family due to a medical emergency, or an opportunity in which the family can't afford on its own.
2. To provide financial assistance to help improve the family or child's quality of life.

Steps Board of Directors needs to take to determine giving financial grant includes:

1. Clarify what the need of the child/family is. This is achieved by reviewing the Grant Request Questionnaire from the website. The Board will determine if there is a demonstrated financial need. As part of application for individuals requesting assistance, the board will review tax returns to determine need.
2. Determine how to provide assistance. Preference is to pay outside vendors such as health care provider, school, or other contractor assists in providing resource. Where travel is required, an option is to reimburse for travel expenses for the child plus 1 adult.
3. Note the following:
 - The Foundation of Possibilities will only give money directly to a family as a last resort
 - The Foundation of Possibilities can work with its volunteers and sponsors to provide goods & services to help children/families at reduced or no cost
 - The Foundation of Possibilities can work with other organizations to combine grants to help child/children/family