



## Robert J. Sullivan Fund Grant Application

The Robert J. Sullivan Fund carries on his legacy and wishes to support the citizens of Bradford County, PA.

This application will be reviewed by the Bradford County Advisory Board and approved by the CFTT Board of Directors. **Deadline is Thursday, September 21, 2023 at 5:00 pm** to be received at [cfield@twintierscf.org](mailto:cfield@twintierscf.org)

Applicants who have not submitted an evaluation form for previous Robert J. Sullivan Fund grants by the grant deadline will not be considered for funding during this grant cycle.

Notification of awards will be early December. Organizations may apply annually for only one grant.

Date of Application: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Legal Name of Organization Applying: \_\_\_\_\_  
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Alternate Name/Acronym: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

Current Operating Budget: \_\_\_\_\_ Date of last audited or reviewed financial statements: \_\_\_\_\_

Is the organization tax-exempt under section 501(c) (3) of the Internal Revenue Code? Yes or No

Tax ID or EIN Number: \_\_\_\_\_ Year Founded: \_\_\_\_\_

If you are another qualifying entity, please indicate which of the following: School Governmental  
Church or Religious Organization for Community Benefit Project

President/Executive Director: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ (If different  
from President/Executive Director)

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address (Principal Administrative Office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_



Project/Program Title: \_\_\_\_\_

Category That Best Describes Your Request:    Education    Health & Human Services    Arts & Culture  
Civic    Environment    Recreation & Youth    Other (Please Specify)

Purpose of Grant (One sentence): \_\_\_\_\_

\_\_\_\_\_

Project Begin Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_ Number of People Served: \_\_\_\_\_

Type of Support Requested:    New Program    Existing Program    Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

Signature, President/Executive Director: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Robert J. Sullivan Fund Grant Application Narrative Form

**I. Proposal Summary (Executive Summary):** *The Proposal Summary should include the name of the project, the amount of funding requested and a general description of how the funds will be used.*

- Name of the project:
- Amount of funding requested:
- General description of how the funds will be used:

**II. Organization Description:** *The Organization Description section should include a description of the organization, the partnerships and relationships that will be important for carrying out the activities funded by the grant and approval by any governing body such as a school board.*

- Description of the organization:
- Any partnerships/relationships that will be needed to support grant activities:
- Governing body that has approved the grant submission:

**III. Why this project is being proposed:** *This section should include an explanation of the problem that has created the need for the program that will be funded by the requested grant. It should also provide evidence that the problem or need exists.*

- Describe the problem or need. Include any data or other evidence that the need exists.
- Will the project or program have positive influence or repercussions elsewhere in the community? If yes, please explain.

**IV. Project Description (Program Narrative):** *The Project Description should include a detailed description of the program that will be funded by the requested grant. This description should include what products or services you promise to deliver to what population, and what results you expect to bring about. Explain the goals and activities of the project, how they will be achieved, and how success will be measured. The Project Description should include information about the staff who will work on the project and their experience and qualifications to perform the activities that will be funded.*

- Target population: What population will directly benefit from this project? Approximately how many people does this represent?
- Goals of the project: What are the desired results or outcomes? What specific products or services will this project deliver?



- Project activities: What specific actions or activities will occur to achieve the project goals?
- What is the timeline for accomplishing these actions or activities?
- How success will be measured: What is the evidence that the proposed project will contribute to a solution or reduce the harmful impact of the problem? That is, what is the positive *impact* or *benefits* of reaching the goal(s). (Note that success measures are *not* simply achieving the project goal(s) themselves. Defining tangible success measures answers the question of *why* this project should be undertaken.)
- (If applicable) How will the project continue after funding has ended? That is, how sustainable is the project's continued operation?
- How will the project be structured, staffed, and managed? What is the experience and qualifications of these staff to perform the activities that will be funded?

**V. Budget:** Complete the following budget table. Include categories of expenditures, including how much funding will come from the requested grant and how much funding will come from other sources.

Expenditure Category	(A) CFTT/Robert J Sullivan Fund Request	(B) Funds From Other Sources	Total Cost (A+B):
Salaries			
Equipment			
Rent/Mortgage			
Utilities			
Transportation			
Other (please list)			
Total			

Please ensure that "Other Funding" includes revenue from: • Grants/Contracts including local, state or federal government, Foundations (please itemize), corporations, and individuals. • Earned Income from events, publications, and projects. • Membership Income • In-Kind Support • Other (Please Specify)



*Application Submitted By (Name and Title):* \_\_\_\_\_

*Date:* \_\_\_\_\_

Applicant Contact Information:

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

If you are selected for a grant award a report will be due to CFTT one year from the grant award date highlighting outcomes/successes.

If you have any questions about this application, please contact: Charity Field at 570.888.4759 or email: [cfield@twintierscf.org](mailto:cfield@twintierscf.org)

Electronic submission of the application is required. If other arrangements are needed, please contact: [cfield@twintierscf.org](mailto:cfield@twintierscf.org)