



## 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: \_\_\_\_\_





- 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?







**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.

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

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)