

2025 Program Grant Process

American Savings Foundation

About Project/Program

Program/Project Name*

Character Limit: 100

Program/Project Summary*

Briefly describe this request in 40 words or less.

Character Limit: 250

Total Program Cost*

What is the total cost of the project/program being requested?

Character Limit: 20

Amount Requested*

The requested amount should be proportionate to the overall program budget, and specific to the grant period.

Questions regarding requested amount: visit the Program Grants page or <https://www.asfdn.org/grants/community-grants> grants history page on our website.

Character Limit: 20

Beginning Date*

When will the project/program begin? If the program is ongoing use your fiscal year. This is considered the start of the grant period.

Character Limit: 10

End Date*

When will the project/program end? If the program is ongoing use your fiscal year. This is considered the end of the grant period.

Character Limit: 10

Primary Town*

Select the town primarily served by this project/program in **one of the Foundation's 64 Connecticut towns**.

*Required Questions

Program Implementation

Capacity*

- Briefly describe your organization's capacity to conduct this program.
- Include any relevant experience providing this program to the target population and community.

Character Limit: 3000

Need*

- Explain the need for the program in the specific community where the program is being delivered.
- Describe how the program or services will benefit the lives of the people being served.

Character Limit: 3000

Program Operation*

Describe how the program will operate. Include a program timetable - *if applicable*.

Character Limit: 5000

Action Plan (optional)

Upload a program/action plan here

Examples: lesson plan, syllabus, table of contents/schedule of planned activities/and curricula.

File Size Limit: 5 MB

Staff*

List job titles and responsibilities of key staff directly involved in program delivery for the requested program. *No resumes.*

Character Limit: 2000

Location

Describe the location(s) and facilities where services or activities of the program will take place.

Character Limit: 300

Partners (optional)

If the program depends on partner agencies, confirm their specific commitments and role(s) that each partnering agency will play.

Character Limit: 3000

Partner Verification (if applicable)

Upload partnership documents (e.g. memorandums of understanding, letters of support). Combine all documents into one .pdf file before uploading.

File Size Limit: 7 MB

Coalition

If your organization is involved in a community-wide coalition describe your participation. How has that influenced any program plans?

Character Limit: 500

Individuals to be Served

and Age of Individuals Served

For each age group, indicate how many people will be served by this request during the grant period.

DO NOT count anyone twice. Enter 0 for any age groups you do not serve.

Age Group	# of individuals Projected during the grant period	Actual # of individuals - Final Report
Birth to Pre-K		
Kindergarten - 5th Grade		
6th - 8th Grade		
9th - 12th Grade		
Young Adults (ages 18-24)		
Adults (ages 25-64)		
Older Adults (ages 65+)		
Total # Served		

Outcomes during the grant period

Measuring Impact during the grant period

There are two types of outcomes in this application and in the final report.

Individual Outcomes (required) - how will individuals served by the program benefit

Community Outcomes (optional) – outcomes that cannot be measured on an individual basis

For guidance and/or questions, contact Jenna Cowan at jcowan@asfdn.org or 860-357-2652

Individual Outcomes

Individual Outcomes (REQUIRED)

What will the individuals who participate in this request achieve, gain, or accomplish by the end of the grant period. Measures should be clearly connected to what is stated in the *Program Implementation* section above.

In the table below:

1st Column - Identify at least ONE key measure (up to 5) of what individuals to be served will achieve, gain or accomplish in the grant period.

2nd Column - For each measure, indicate the number (#) of individuals (out of the Total # Served - sum of all the age groups - in the previous section) projected to achieve this measure in the grant period.

3rd Column - At the end of the grant period, report the actual # of individuals that achieved, gain, or accomplish the measure. (This column will be available to complete as part of the final report).

4th Column - Select the ASF priority area you feel is most closely aligned to the measure. There are no wrong answers here, this is for data collection purposes only.

For more detailed instructions and examples [click here](#).

KEY Measures for the grant period	# of individuals - projected	Actual # of individuals - For Final Report	ASF Priority Area

Community and Other Outcomes

Community Outcomes and Other Outcomes

Some programs track specific measures that are not based on individuals outcomes, but are focused on community-level impact or other specific deliverables.

If this section is not relevant, skip and move to the next section.

OPTIONAL - use the table below to indicate up to 3 KEY measures that are:

- proportionate to the amount of funding requested in this application.
- reasonable and achievable for the grant period.
- specific to the “Program Implementation” section above.

For more detailed instructions and examples [click here](#)

KEY Measures for the grant period (up to 3)	# projected	Actual # - for Final Report	ASF Priority Area

Fiscal Sponsorship

Fiscal Agent/Sponsor*

Is the organization using a fiscal agent/sponsor?

Choices

No, if granted, the check will go to the applying organization.

Yes, information about the fiscal/sponsor will be provided.

Fiscal Sponsorship - Additional Questions

Fiscal Agent Name*

Character Limit: 50

Fiscal Agent EIN*

Character Limit: 9

Fiscal Agent - Address Line #1*

Character Limit: 100

Fiscal Agent - Address Line #2

Character Limit: 40

Fiscal Agent - City/Town*

Character Limit: 30

Fiscal Agent - State*

Choices

Fiscal Agent - Zip Code*

Character Limit: 6

Attachments

Program Budget*

Provide a line-item budget demonstrating how the funds requested will be allocated as part of the overall program budget (not the agency budget). A budget template can be found here. The line-items for staff, supplies etc. must reflect what is described in the "Program Implementation" section above.

The budget **must** include the names of other funders that is pending or has been secured.

Note: The organization may also use an existing program budget as long as it illustrates and explains how the requested funds will be used.

File Size Limit: 3 MB

Future Funding*

Address how the program will continue beyond the grant period.

Character Limit: 750

Current organizational budget*

The entire organization's budget for the current or upcoming fiscal year.

File Size Limit: 5 MB

Financial Condition*

Briefly describe the overall financial condition of the organization and explain any operating deficit or surplus that appears in the financials.

Character Limit: 1500

Audited Financials*

The agency's most recent audited financials. If an audit is not required (agencies under \$250K in revenue), provide a set of the most recent unaudited financials.

File Size Limit: 15 MB

Board of Directors List*

The agency's current Board of Director list.

File Size Limit: 15 MB

Other Attachments (Optional)

Examples include samples of student work and performance season programs.

All attachments must be consolidated into one pdf file to be uploaded. Add a short description of what is being attached below.

Character Limit: 250 | File Size Limit: 4 MB