

Oxford Community Support Committee

Funding Guidelines

The Oxford Community Support Committee objective is to provide financial support to individuals and organizations from Oxford that has a positive impact on the community.

FUNDING PRIORITIES —

The Oxford Community Support Committee supports individuals and organizations committed to strengthening their communities. In general, we consider program support for organizations that:

- Explicitly state their intended impact.
- Have a proven record of accomplishing their goals.
- Demonstrate financial stability.
- Benefit Oxford Residents.

FUNDING RESTRICTIONS —

The Foundation will *not* provide funding for:

- Political organizations.
- Capital campaigns, chairs or endowments.
- Advertising.

All applications should be mailed or dropped off at Oxford Town Hall, 486 Oxford Road, Oxford, CT 06478
Attention: Oxford Community Support Committee.

This committee meets the second Monday of each month at 7:00pm. Applications need to be received prior to the monthly meeting to be considered at that meeting.

Oxford Community Support Committee

Application for Funds: (sample)

Any portion of application that do not apply to your request, please mark as not applicable.

Name of organization: _____

Project or Program name: _____

Name of person in charge: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact person: _____

Date Requested: _____

Date Funds needed: _____

Date of anticipated completion of project: _____

Principle purpose and service of your organization: _____

Brief description of your organization's history and goals: _____

Describe your current programs and accomplishments: _____

Budget for the project: _____

Amount requested: _____

What other funding sources have you requested: _____

Does your organization have ability to match funds: _____

Is your organization a 501 (c) (3): _____

Please attach your annual budget, Schedule C, with a copy of your income and expenses for the completed fiscal year. If you are a 501 (c) (3), please attach your certification.

Please use this space to add additional information regarding your request:

Authorization:

I certify that I am authorized to represent the applicant applying for a grant and that the information contained in this application is accurate. **The applicant may be subject to a background check.** I agree that if a grant is awarded to the organization: (1) The grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the Oxford Community Support Committee and the Board of Selectman, (2) The Oxford Community Support Committee has received nothing of material value in exchange for the grant and (3) Information about the applicant and the grant may be used by the Oxford Community Support Committee in any published materials. Any application regardless of the amount, maybe partially granted and subject to committee's condition of approval.

Signature of person in charge: _____

Date: _____

Print name and title: _____

Final approval of all requests will be made by the Town of Oxford Board of Selectman

If approved who should the check be made payable: _____

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