



**Mission of Fit Together:**

To build the healthiest kids, families and communities through sustainable strategies that foster healthy eating and active living.

**Our Dream:**

Our dream is that Torrington & Winsted will be recognized as the healthiest communities in Connecticut. Our future is held by our children and our challenge is to give them the best chance to live long, healthy and productive lives.

## Mini Grant Application- 2023

The Fit Together NWCT Steering Committee is offering a **mini grant from \$500-\$1,500**, to Northwest CT organizations that would like to support a project that aligns with Fit Together NWCT's mission and strategies that demonstrate sustainability toward becoming a GOLD status partner. Note former awarded applicants must apply for new grant project, repeated grant requests will not be considered.

**Eligible Grantees:** Nonprofit organizations or schools located in NW CT

The following are Fit Together's annual application deadline and approximate decision date:

**Due Date**

November 1, 2023

**Decision Dates**

November 30, 2023

At the time of submission, **applications must be complete**. Incomplete or late applications will not be considered. Late applications will be considered for the next grant cycle.

**How to apply:**

*Complete the attached application and narrative*

Please submit complete application (Cover Page, Project Narrative, and attachments):

Carla Angevine, Fit Together Executive Director

Charlotte Hungerford Hospital

540 Litchfield Street

Torrington, CT 06790

860-496-6676

[Carla.Angevine@hhchealth.org](mailto:Carla.Angevine@hhchealth.org)

**Check List:**

- Signed Cover Sheet
- Project Narrative (one- two pages)
- Project Budget
- 501c3 IRS Letter or letter from School District Superintendent

**Fit Together NWCT**

259 Prospect Street, Torrington, CT 06790

860-496-6676    [www.FitTogetherNWCT.org](http://www.FitTogetherNWCT.org)



**Mini Grant Cover Sheet**

**Section I. Cover Sheet**

*Please answer all questions on this page. Do not refer to attachments.*

**A. Agency Information**

1. Date: \_\_\_\_\_
2. Legal Name of Organization: \_\_\_\_\_
3. Address of Organization: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Fax Number: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. Authorized Officer and Title: \_\_\_\_\_

**B. Contact Information**

1. Contact Person and Title for this Application, if Different from Authorized Officer:  
\_\_\_\_\_
2. Address of Contact Person if Different from Authorized Officer:  
\_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Fax Number: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_

**C. Project Information**

1. Project Title: \_\_\_\_\_

**D. Budget Information**

1. Total Project Budget: \$ \_\_\_\_\_
2. Total Amount Requested from Fit Together: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**Section II. Project Narrative**

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Please provide the following information in a narrative (limit to **1- 2 pages**)

- A. Description:** Describe how your project will advance your organization’s attainment or maintenance of GOLD Status. Include current partner status level and how the funding will support your level advancement/sustainability (See Fit Together Guide to success packet).
- B. Activities:** Describe your project’s main activities, components, approach, and rationale.
- C. Deliverables and Measurable Outcomes:** Describe your proposed deliverables and expected outcomes.

**SECTION III. Attachments**

Please provide the following financial information.

- A. Budget**
  - 1. A budget for your project using the below sample budget template.
- B. Non-Profit Status**
  - 1. 501c3 letter or letter from School Superintendent or Public Entity Municipality

**Budget Template  
Fit Together Mini Grant**

**Project Title:** \_\_\_\_\_

<b>Line Item (Description)</b>	<b>Amount</b>	<b>Justification including Breakdown of Costs</b>
<b>Total</b>		