



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

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. 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 deadlines and approximate decision dates:

Due Dates

May 15, 2021

October 15, 2021

Decision Dates

May 30, 2021

October 31, 2021

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):

Fit Together c/o Northwestern Connecticut YMCA,
259 Prospect Street
Torrington, CT 06790,
Attn: Greg Brisco.

For more information, contact:

Carla Angevine,
Fit Together Executive Director,
860-496-6676

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



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

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

- A. Description:** Describe your project which includes how it aligns with **Let's Go's 10 Strategies for Success** (attached).
- 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

Budget Template

Fit Together Mini Grant

Project Title: _____

Line Item (Description)	Amount	Justification including Breakdown of Costs
Total		