

GRANT APPLICATION

Agency Name: WESTHILL BAND PARENTS ASSOCIATION
Address: 125 ROXBURY ROAD, STAMFORD, CT 06902
Phone: 203.461.8829 Fax: NA Website: NA
Contact: DIANNE HOUTZ, Co - PRESIDENT
E-Mail Address: houthdz@yahoo.com
Geographic Area Served: STAMFORD, CT, SPECIFICALLY WESTHILL

Program for which funding is being requested: WINTER INDOOR PERCUSSION ENSEMBLE
Amount Requested: \$15,000 Total Agency Budget: _____

Does the program for which you are applying benefit low moderate income populations in communities served by First County Bank? Please circle either yes or no below.

Yes No

Has your agency been funded by the Foundation in the past? Yes: _____ No:

If yes, please state year, amount, program for which you received funding:

NA
Dianne Houtz 3/31/2014
Signature of Executive Director Date

Please provide the following information in narrative form, with headings as noted:

1. **Organization (Please limit to 2 pages)**
 - A. Organization mission and goals
 - B. Organization history
 - C. Description of agency programs
 - D. Description of population served by your agency, including age, ethnicity, sex, residence, socio-economic status, other relevant information
Indicate percentage of low/moderate income population served
2. **Program (Please limit to 2 pages)**
 - A. Description of program for which you are applying, including activities, population served, need(s) which will be met
 - B. Goals and objectives
 - C. Expected outcomes
 - D. Collaboration with other agencies, organizations, if applicable
 - E. Other current, prospective funding sources for program
 - F. Descriptions of staff positions carrying out the program
3. **Agency trends, challenges, accomplishments (Please limit to 1 page)**
4. **Attachments**
 - A. 501©(3) Letter
 - B. Board of Directors List, with affiliations
 - C. Annual Report (if available)
 - D. Most recent audit
 - E. Overall agency operating budget
 - F. Program Budget

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