



P.O. Box 649, Belmont, MA 02478
belmontagainstracism.org

Belmont Against Racism and The LGBTQ+ Alliance Request for Funding

The mission of Belmont Against Racism is to promote dialogue, awareness, and understanding about systemic racism and to promote equity and inclusion in Belmont. The mission of the LGBTQ+ Alliance is to lead Belmont in being a community that welcomes and values its LGBTQ+ community members.

Grants for programs or events that serve our mission can be applied for by filling out the following form.

BAR requests this grant form be submitted at least 30 days prior to the event or program. Please provide information on any additional funding sources being used for this event or program. A follow-up report must be submitted promptly after the event but no later than 30 days following the event or program.

Please complete this form electronically and return it via e-mail to: belmontagainstracism@gmail.com.

Group or individual			
Name of Contact			
E-mail Address			
Date		Phone	

Briefly state the nature, date, and location of the event or program:

What are the goals of this event? How do these goals meet the purpose of BAR's mission as defined on the previous page?

What is the total amount of funding you will need for this program or event? \$ _____

How much of this total are you requesting from BAR's General Fund? \$ _____

Please include as complete a list of expected expenses as you can, including food, drinks, decorations, art supplies, program expenses, fees, and transportation needs. Use a separate sheet if needed.

How would BAR's contribution to your event be acknowledged?

To be completed by BAR

Approved: Yes () No () Comments: _____
Funding Source: MSF () BAR () _____
Date Approved: _____



GRANT EVALUATION FORM

To be completed at the conclusion of the event or program.

This form must be completed and returned within 30 days of the conclusion of your event or program. Please email the completed *GRANT EVALUATION FORM* to BAR at belmontagainstracism@gmail.com

Date(s) /time of event(s)/program:			Group organizing event/program			# of participants		
<p>What were the outcomes of your event/program? Considering your goals, what was particularly successful about the event/program? What would you revise/add if you repeated the event/program? (Please feel free to add data, participant evaluations, pictures, etc. to help the BAR Board’s understanding of the event/program outcomes).</p>								
<p>Would you be interested in repeating this event/program either in the same way or with revisions? How might BAR help with this?</p>								
Person reporting:					Date:			

To be completed by BAR

Date Received: _____ Date Reviewed: _____

Comments: _____
