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 We would appreciate knowing if other funding sources are being used for this event. A follow-up report is expected as soon as possible after the event or program is over.

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 above?

What is the total amount of funding you will need for this program? Please include—on a separate sheet— as complete a list of expected expenses as you can, including food, drinks, decorations, art supplies, program expenses, fees, and transportation needs.

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

To be completed by BAR

Approved   *Yes ( )*   *No ( )*

Funding Source   *MSF ( ) BAR ( )*

GRANT EVALUATION FORM
To be completed at the conclusion of the event or program.

Please return this report <u>within 30 days of the conclusion</u> of your event or program to: BAR at <u>belmontagainstracism@gmail.com</u>

Date(s) /time of event(s)/program:	Group organizing event/program	# of participants

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 or other information to the end of this form if this is helpful.)

Would you be interested in repeating this event/program either in the same way or with revisions? How might BAR help with this?

Person reporting: **Date:**

*For BAR only: Review comments*_____.

Revised: 12/12/23
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