



## APPLICATION FOR GRANT For Fiscal Year Ending June 30, 2019

Grant Proposals need to be received by NNOF no earlier than November 1, 2018 and no later than April 1, 2019.

Please submit **two** copies of the Application to P.O. Box 779, Bar Mills, Maine 04004

### A. General Information About Your Organization

Today's Date \_\_\_\_\_

Organization Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Date Organization Started: \_\_\_\_\_

Names of Board Members: \_\_\_\_\_

Annual Budget: \_\_\_\_\_

**Your organization must have status with the IRS as an organization described in 501(c)(3) of the Internal Revenue Code or be a public school, town or city agency, in order to receive funds from NNOF. No exceptions are permitted. Please submit a copy of the IRS determination letter or a letter from the administrative head of your agency or school district indicating a willingness to accept funds for your project. Processing of your grant proposal will not continue until this information is received.**

Please include a brief description of your organization and its mission.

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**B. Annual Budget for Your Organization**

(You may attach your own financial statements)

1). **Income:**

Grant Request	\$ _____
Individual Contributions	\$ _____
Grants from other Organizations	\$ _____
Government Contracts	\$ _____
Membership Dues	\$ _____
Special Events fees	\$ _____
Sales Income	\$ _____
In-Kind Contributions	\$ _____
Other	\$ _____
	<b>TOTAL</b> \$ _____

2). **Expenses:**

Salaries	\$ _____
Benefits	\$ _____
Taxes	\$ _____
Occupancy (rent, utilities, etc.)	\$ _____
Insurance	\$ _____
Telephone	\$ _____
Postage/Shipping	\$ _____
Copying/Printing	\$ _____
Supplies	\$ _____
Equipment	\$ _____
Meeting Expenses	\$ _____
Travel/Transportation Expenses	\$ _____
Accounting/Legal or Other Professional Fees	\$ _____
Fundraising	\$ _____

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Promotion/Publicity	\$ _____
Outreach	\$ _____
Other	\$ _____
TOTAL	\$ _____
3). <b>Balance</b> (Net Income Minus Expenses)	\$ _____
4). <b>Assets</b>	
Cash	\$ _____
Securities	\$ _____
Property and Equipment	\$ _____
Other	\$ _____
TOTAL	\$ _____

### C. Information About Your Proposed Grant Project

Project Name: \_\_\_\_\_

Contact Person for Project: \_\_\_\_\_

Qualifications of Contact Person: \_\_\_\_\_

Mailing Address for Correspondence: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

Email Address of Contact Person : \_\_\_\_\_

Other Persons Involved in the Project: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

Total Funding Needs of Organization: \_\_\_\_\_

### D. Project Narrative

Please include a brief description about your proposed project, being sure to address the following:

a. What are the goals and objectives of the project?

b. What are the charitable purposes of the project?

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c. What is the geographic focus of your project and the need in the community for your project?

d. What **specifically** do you plan to do with the funds received from NNOF?

e. What is the timeline for the project?

f. What are other potential sources for funding the project?

g. What are the committed sources for funding the project?

h. Describe the ways in which your project's success can be measured?

**E. Budget Sheet for the Project (if applicable)**

(You may attach the financial statements for the Project)

1). **Income for the Project**

Grant Request \$ \_\_\_\_\_

Individual Contributions for the Project \$ \_\_\_\_\_

Grants from other Organizations for the Project \$ \_\_\_\_\_

Government Funding for the Project \$ \_\_\_\_\_

In-Kind Contributions for the Project \$ \_\_\_\_\_

Other Sources of Income for the Project \$ \_\_\_\_\_

Anticipated Earned Income (if applicable)  
(sales, fees, etc.) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

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2.) **Expenses of the Project**

Attach a detailed breakdown of the cost of the project.

TOTAL COST            \$ \_\_\_\_\_

Please consider stapling or using a clip to secure your application avoiding the use of notebooks, sleeves, page protectors, spiral binding coils, etc.

Please mail **TWO (2)** copies of your completed Grant Proposal to the Foundation at:

NNOF  
P.O. Box 779  
Bar Mills, Maine 04004.

THANK YOU for your interest in the Narragansett Number One Foundation. All grant proposals will be reviewed and the Foundation will contact you regarding its status. Grants will be awarded on or before June 30, 2019.