



2017/2018 COMMUNITY FUND GRANT APPLICATION FORM

Legal Name of Organization: _____

Legal Address of Organization: _____

Contact Person: _____

Address of Contact Person: _____

Contact Person Telephone: _____

Contact Person email address: _____

GRANT AMOUNT REQUESTED: _____

Has this organization previously received a Community Fund Grant?

NO: YES:

If "Yes", please provide Year(s) and Grant amount(s) awarded:

Year	Award
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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PLEASE PROVIDE AN EXECUTIVE SUMMARY OF THE PROJECT:

[Attached additional sheet(s) if more space needed]

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PLEASE PROVIDE AN EXPLANATION OF THE COMMUNITY NEED AND RESULTING BENEFIT OF THE PROJECT INDICATING HOW THE PROJECT WILL ENHANCE THE QUALITY OF LIFE IN BILLERICA :

[Attached additional sheet(s) if more space needed]

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PLEASE DESCRIBE HOW THE PROJECT WOULD BE SUSTAINED AFTER THE GRANT PERIOD. PLEASE INDICATE HOW THE CONTRIBUTION(S) OF THE COMPANY (IES) WILL BE RECOGNIZED IN A SUITABLE WAY, BOTH AT THE TIME THE GRANT IS ANNOUNCED AND ALSO ON AN ON-GOING OR LONG TERM BASIS:

[Attached additional sheet(s) if more space needed]

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PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ORGANIZATION APPLYING FOR THIS GRANT, INCLUDING ITS MISSION, HISTORY, PROGRAMS AND/OR ACHIEVEMENTS, OR OTHER INFORMATION WHICH WOULD INDICATE THE ORGANIZATION'S CAPACITY TO IMPLEMENT THE PROJECT. ALSO, INCLUDE THE NAMES/ADDRESSES OF THE OFFICERS AND/OR DIRECTORS OF THE ORGANIZATION:

[Attached additional sheet(s) if more space needed]

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PLEASE PROVIDE THE ORGANIZATION'S CURRENT FISCAL YEAR BUDGET. ALSO PROVIDE A SEPARATE PROJECT BUDGET WITH NARRATIVE JUSTIFICATION INCLUDING OTHER PROJECT FUNDING SOURCES AND IN-KIND CONTRIBUTIONS:

[Attached additional sheet(s) if more space needed]

2017/18 COMMUNITY FUND GRANT APPLICATION FORM

THIS COMPLETED APPLICATION MUST BE SUBMITTED WITH ANY GRANT REQUEST. FAILURE TO PROVIDE AND/OR MEET ALL CRITERIA INFORMATION REQUESTED WILL RESULT IN THE REJECTION OF THE APPLICATION FROM CONSIDERATION.

CERTIFICATION:

The undersigned hereby attests to having received a copy of the 2016/17 Community Funds Criteria and to having the authority to submit this Grant Application on behalf of the applying Organization and, if successful, to receive any awards, on behalf of the applying Organization. Additionally, the undersigned understands and agrees that any and all awards are final. The undersigned hereby understands and agrees:

- (1) no later than twelve (12) months from the date of receiving a Community Fund Grant, to provide written certification to the Board of Selectmen detailing all fund expenditures in accordance with the grant award(s);
- (2) no later than twelve (12) months from the date of receiving a Community Fund Grant, to promptly return any unused Community Fund Grant Award funds to the Billerica Board of Selectmen;
- (3) it shall not be eligible and shall not apply for any additional Community Funds Grant until such written certification and unused funding is provided;
- (4) should additional time be needed to complete the awarded project, the award recipient can request an extension, in writing, to the Board of Selectmen and have the request voted upon at a public meeting of the Board.

Signed: _____

Please Print Name: _____

Title (if applicable): _____

Date: _____

***NOTE:** Ten (10) Sets of the complete application, non-returnable, must be submitted to the Board of Selectmen by 4:00 PM on Thursday, December 28, 2017.*