THE NANTUCKET FUND™

COMMUNITY GRANT APPLICATION

CONTACT INFORMATION:

Organization Name: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____

Email:_____ Website:_____

Project contact/Title:_____

Direct Phone:_____ Direct Email:_____

Executive Director :_____

Direct Phone:_____ Direct Email:_____

Board Chair Name:_____ Direct Email:_____

Number full time equivalent employees _____ Number of board members _____

Number of board meetings per year ___ Number of board members who contribute to annual budget ___

PROGRAM INFORMATION: 501(c)(3)? Y □ N □

□ Human Services
□ Health/Medicine/Science
□ Mental Health
□ Substance Use Disorders
□ Arts & Culture
□ Youth Development
□ Recreation & Sports
□ Housing & Shelter
□ Food/Agriculture/Nutrition
□ Education & Training
□ Conservation & Preservation
□ Care for Animals

Please list all major fundraising events, the time of year they take place, and sponsorship opportunities:

Please select the category(s) that best describe your organization's target population on Nantucket:

□ All Populations
□ Males Only
□ Females Only
□ Infants & Toddlers
□ Children
□ Adolescents/Youth
□ Adults
□ Elderly
□ Disabled
Other:_____

The Community Foundation for Nantucket
PO Box 204
Nantucket, MA 02554
jmiller@cfnan.org
508-825-9993

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COMMUNITY GRANT APPLICATION

ORGANIZATION NAME:_____

APPLICATION INSTRUCTIONS:

When completing your application, please describe your organization and the program/services you provide in detail. You should be as concise as possible, but please feel free to add additional lines if necessary.

1. Date Founded/Mission Statement.

2. Describe the proposed program/project for which you are applying for assistance.

   a) Please include the target population and number of people on Nantucket who will be directly served by this program/project. What is the frequency/duration of this program?

   b) Who are the key staff and/or volunteers directly involved in this program?

3. What is the significance or uniqueness of this program/project?

4. What documented need/opportunity is being addressed by this program/project? How did you determine this need?

5. List the specific program/project objectives against which the grant will be evaluated.

6. Outline your plan for sustaining this program/project beyond its initial inception.

7. How do you plan to work collaboratively with other organizations serving this population/need/area? If you are not, please explain why.

8. What infrastructure do you have in place to support the program/project (i.e. staffing, facilities, equipment)?

9. How do you plan to evaluate and determine the effectiveness of this program/project? How will you know your program/project made a difference and how will you know it had an impact on the Nantucket community? Please include anticipated outcomes and measures you intend to use in your evaluation, or how you define success for your program?

10. What is the total cost of the program/project?

11. What is the amount of the grant you are requesting from the Community Foundation?

12. Is there any other additional funding available for this program/project? If so, please identify sources and amounts.

The Foundation will award grants only to organizations that have met all the deadlines for project reporting, follow up and accountability for any previous grants from the Foundation. This can include requests for photographs, narrative information and/or questionnaires. A member of the Staff, Grants Committee and/or Foundation Trustee will follow up with all Grant recipients.

Executive Director Signature: Date:

Board Officer Signature: Date: dfgs