

THE NANTUCKET FUND™

2019 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

- | | | |
|--|--|--|
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Food/Agriculture/Nutrition |
| <input type="checkbox"/> Health/Medicine/Science | <input type="checkbox"/> Youth Development | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Recreation & Sports | <input type="checkbox"/> Conservation & Preservation |
| <input type="checkbox"/> Substance Use Disorders | <input type="checkbox"/> Housing & Shelter | <input type="checkbox"/> 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:

- | | | | |
|--|---|-----------------------------------|--------------|
| <input type="checkbox"/> All Populations | <input type="checkbox"/> Infants & Toddlers | <input type="checkbox"/> Adults | Other: _____ |
| <input type="checkbox"/> Males Only | <input type="checkbox"/> Children | <input type="checkbox"/> Elderly | |
| <input type="checkbox"/> Females Only | <input type="checkbox"/> Adolescents/Youth | <input type="checkbox"/> Disabled | |



The Community Foundation for Nantucket

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Nantucket, MA 02554
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508-825-9993**

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.



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Grant Application Acknowledgement Form

The Nantucket Fund will award grants only to organizations that have met all requirements in their application. A member of the Staff and/ or grants committee team member will follow up with all Grant applicants.

If at any point in the application process the applicant experiences difficulty, we encourage you to consult with the Jeanne Miller, Program Director, to seek solutions. We offer support throughout the process so don't hesitate to reach out to the Community Foundation for Nantucket.

Each recipient receiving a grant must meet requirements of reporting and accountability of all financial expenditures.

We have read the eligibility and criteria for applying for a Nantucket Fund Grant and acknowledge that I understand that receipt of this application does not imply eligibility or approval and that all of the information contained in the application is current and accurate to the best of my knowledge.

Organization Name: _____

Executive Director:

Signature: _____

Date: _____

Board of Trustee Rep

Signature: _____

Date: _____

For Office Use Only:

Application

Signatures

501(c) 3 Letter

List of Trustees

Financial Documents