

**MAINE COMMUNITY FOUNDATION**

**PEAKS ISLAND FUND**

**APPLICATION**

*Benefiting the community of Peaks Island and its residents*

Applicants should mail this application and attachments to  
Peaks Island Fund, Maine Community Foundation, 1 Monument Way, Portland, ME 04101  
*Applications must be postmarked no later than June 21*

**BACKGROUND INFORMATION**

<b>Legal Name of Applicant Organization:</b>	
<b>Address:</b>	<b>Number of Paid Staff:</b>
<b>City:</b>	
<b>State:</b>	<b>Number of members (if applicable):</b>
<b>Zip:</b>	
<b>Telephone:</b>	<b>Federal Tax I.D. number (EIN):</b>
<b>Fax:</b>	
<b>E-mail:</b>	<b>Year Organized/Established:</b>
<b>Web Site:</b>	
<b>Executive Director</b>	<b>Primary Contact for Project:</b>
<b>Telephone:</b>	
<b>Email:</b>	

**If your organization does not have municipal or 501c3 tax-exempt status, please complete the following information:**

Organization name of fiscal agent:	Contact person:
Address:	
Telephone:	Email:
	Tax ID #:

**Please include signed fiscal sponsor agreement with your proposal**

**Please provide you mission statement:**

**Select the field(s) of interest addressed by your organization:**

<input type="checkbox"/> Arts & Cultural Heritage	<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Environment	<input type="checkbox"/> Land Conservation
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Education	<input type="checkbox"/> Social Services	<input type="checkbox"/> Youth
<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Theater		

Type of Request (Choose one)	Total Amount Requested	Total Proposed Budget <sup>1</sup>
<input type="checkbox"/> Project/Program Support		
<input type="checkbox"/> Operating Support		
<input type="checkbox"/> Capital Campaign		
<input type="checkbox"/> Other:		

<sup>1</sup> If requesting operating support, enter the organization's current budget. For all other requests enter the specific project budget.

**Is this a multi year grant?**  Yes; Indicate number of years:  No

**Please summarize the purpose of your request:**

**Part 1: Proposal Narrative**

<p><b>Please describe your proposed use of funds.</b></p>					
<p><b>Please provide a detailed “use of funds” budget as well as alternative and/or supplementary funding sources, if applicable.</b></p>	<b>Total Amount Requested:</b>				
	<b>Item</b>	<b>Amount requested</b>	<b>Other funding sources</b>		<b>Total Budget</b>
			<b>Amount</b>	<b>Source</b>	
	<b>Total Expenses</b>				
<p><b>Please describe your desired outcomes and your plans for achieving them.</b></p>					
<p><b>Please describe your plans for assessing progress toward goals.</b></p>					
<p><b>Plases list your projected timeline for use of funds. Provide project start and end dates (if applicable).</b></p>					

**Part 2: Proposal Attachments**

Attach copies of the following (those which apply to your request):

- Copy of the current annual budget.
- List of key project personnel including their roles and qualifications.
- List of board members.
- If the organization has a fiscal agent attach a copy of the letter of agreement between the organization and the fiscal agent and the fiscal agent’s Current/Final 501(c)(3) IRS determination letter. (Please see the MaineCF website for fiscal agent agreement).
- Letters of agreement IF collaborating with other organization(s).

If you have any further questions regarding the Peaks Island Fund, please contact [Pam Cleghorn](#) in MaineCF's Portland Office via email or by phone at (207) 761-2440 or contact one of the fund’s advisors.

**AGREEMENT TO GRANT TERMS**

By signing this application form, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

- 1) The information contained in this application and in any attachments is true and correct to the best of your knowledge.
- 2) Your organization is a nonprofit, 501(c) (3) federal tax-exempt organization, public school, public agency working for the State of Maine, or an Indian tribal government (or their political subdivision) recognized by the Department of the Interior **or** has a written agreement with a fiscal sponsor that is a 501(c) (3) organization, public school or public agency.
- 3) Any funds received as a result of this application will be used only for the purpose specified in the award letter. No part of any grant will be used for a political campaign, or to support attempts to influence legislation of any governmental body other than through making available the results of non-partisan analysis, study and research. No portion of the award will be granted to any secondary grantee without the express permission of the Maine Community Foundation.
- 4) Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- 5) Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period any unexpended grant funds will be returned to the Foundation, or a written request for an extension of time will be submitted to the Foundation for approval. An evaluation report will be submitted upon completion of your project or by the due date specified in the grant award letter.

Signature of President, Chief Administrative Officer or Treasurer	Date
Print Name and Title	

If you applied using a fiscal sponsor, please have an authorized officer of the sponsoring organization sign below.

Signature of Officer of Fiscal Sponsor Organization (if applicable)	Date
Print Name and Title	

*Note: E-mailing a completed form is equivalent to signing it.*