



## **POLAND SPRING COMMUNITY BENEFIT FUND COMMITTEE**

### **APPLICATION FOR REQUEST OF FUNDS**

#### **GUIDELINES:**

1. Project must be based in the municipality of Rumford, Maine and funds will be utilized to generate long-term community benefits to the Town of Rumford and its residents.

2. Project should be affiliated with or part of a non-profit entity

*\*(Special dispensation may be made on a case-by-case basis for projects other than non-profit. This will be decided by the committee members provided that said project will have profound impact on the community.)*

3. Funding shall be used solely for the purpose of a “project-based” plan which will be presented to the board in person, after a preliminary application has been approved.

4. Project will contain a detailed outline and an end date of completion, which will not extend beyond one years time from the start of project, at which point if the project is not completed the original monies gifted will revert back to the Benefit Fund.

5. Funds cannot be used as salary, personal payment, nor operating funds. It must be used for project in original outline only.

6. Organization has not received a grant from the Fund in the prior 12 months.

7. The grant request cannot be used in connection with any political campaign or on behalf of any issue or candidate.

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME OF ORGANIZATION** \_\_\_\_\_

*\*PLEASE INCLUDE A COPY OF NON-PROFIT CERTIFICATION BY THE SECRETARY OF STATE WITH APPLICATION  
PACKET*

**AMOUNT OF FUNDS REQUESTED: \$** \_\_\_\_\_

**CONTACT INFORMATION:**

**PROJECT PREPARER/DIRECTOR:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL CONTACT:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**YOU WILL COMPLETE ALL ENCLOSED FORMS TO BE FORMALLY CONSIDERED AS PART OF THE PRE-APPROVAL PROCESS AT WHICH POINT YOU WILL BE CONTACTED TO APPEAR BEFORE THE POLAND SPRING COMMUNITY BENEFIT FUND COMMITTEE FOR FINAL APPROVAL. APPLICATION MUST BE RETURNED TO THE TOWN OFFICE BY March 31<sup>st</sup>, 2024.**

1. **PROJECT TITLE:** \_\_\_\_\_
2. **EXPECTED START DATE:** \_\_\_\_\_
3. **EXPECTED END DATE:** \_\_\_\_\_
4. **PROPOSAL SUMMARY/OVERVIEW** (\*please submit brief summary to include mission statement for project and general description of project (you may use a separate sheet.)
5. **HISTORY OF ORGANIZATION AND IMPACT OF ACHEIVED PROJECT**  
(\*please submit brief description of your organization's history and what you hope to achieve with this project)
6. **EXPLANATION OF NEED FOR PROJECT AND WHY YOUR PROGRAM SHOULD BE FUNDED**
7. **FINANCIAL BREAKDOWN OF COSTS** \*please include on a separate sheet an estimated cost account of entire project

BY ACCEPTING FUNDS THE ORGANIZATION AGREES TO USE FUNDS SOLELY FOR THE PURPOSE OF THE PROJECT OUTLINED IN ORIGINAL APPLICATION AND PENDING FOLLOWUP WITH COMMITTEE MEMBERS OVERSEEING THE PROJECT. FUNDS ARE TO BE USED WITHIN ONE YEAR'S TIME FROM THE DATE OF APPROVAL FOR PROJECT COMPLETION. AT WHICH POINT IF PROJECT IS NOT COMPETED ANY AND ALL OF THE ORINGINAL FUNDS WILL BE RETURNED BACK TO THE COMMITTEE WITHIN ONE WEEK OR SEVEN DAYS FROM DATE OF SUPPOSED COMPLETION. PROJECT DIRECTOR ACCEPTS ALL RESPONSIBILITY FOR SAID FUNDS.

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMMITTEE USE ONLY**

**AWARDED**  **NOT AWARDED** \*CHECK ONE

**DATE:**

**AMOUNT FUNDED:**

**COMMITTEE VOTE: ( i.e. 4-1)**

**NOTES:**