



Town of Windham

Contributory Grant Application – FY 2016-2017

Application for Funds or In-Kind Services

For Office Use Only
Application Received

APPLICATIONS RECEIVED AFTER JANUARY 7, 2016 WILL NOT BE CONSIDERED

Agency Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

E-mail address: _____

Website: _____

Nonprofit Status: Yes No In Process
 Working with an Existing Non-Profit: _____

Amount of funding requested: _____

Amount of in-kind services requested: _____

Is this funding / in-kind request a:
 New Application
 Renewal (list current funding amount received from Town of Windham) \$ _____

Classification of Support:

- Arts & Culture Beautification Conservation Economic Development
- Education Health, Human, or Social Services Historic Preservation
- Recreation

Type of Support:

Special Event Program Operating Other: _____

Target Population (please check categories):

- | | |
|--|---|
| <input type="checkbox"/> Children (0 – 12) | <input type="checkbox"/> Single Adult (18 – 60) |
| <input type="checkbox"/> Youth (12 – 18) | <input type="checkbox"/> Seniors (60+) |
| <input type="checkbox"/> Families (2+ per household) | <input type="checkbox"/> Disabled (any age) |

IF NECESSARY - USE SEPARATE SHEET WHEN ANSWERING QUESTIONS BELOW

Organization's Mission: _____

Specify how the monies / in-kind requested will be expended: _____

Renewal applications only: If the amount being requested represents an increase from current FY funding, justify request for additional monies: _____

Total number of clients the organization/program serves: _____
Total number of Windham residents the organization/program serves: _____
If there is a population being served from other towns, is funding being sought from those towns? If so, list the amount. If no, explain why. _____

List other sources of funding/fundraising activities: _____

Please use this space to provide any additional information you think is critical for us to know in our decision-making process: _____

Please attach copies of your agency's last annual report, list of Board of Directors, organizational chart, current budget, most recent federal 990, and most recent audited financial statement. If any of these documents are not available, please explain: _____

Town of Windham

Contributory Grant Application Checklist

- _____ Application is complete

- _____ Primarily serves Town residents and natural resources

- _____ Activity is unique and not otherwise provided by the Town

- _____ No commercial product, company, institution or vendor is endorsed

- _____ No political party or political information is promoted

- _____ The Town's diversity is highlighted

- _____ The activity does not discriminate on the basis of race, religion, color, national origin, ancestry, physical or mental disability.

- _____ The activity conforms to all municipal ordinances, state laws and federal laws.

- _____ There are no conflicts of interest.

- _____ **Support is / is not greater than or equal to 10% of the organization's annual revenue. If support is more than 10%, please include a plan for reducing the dependence of this funding to 10% or less.**

Certification

The applicant certifies that all information in this application and all information furnished in support of this application are true and complete to the best of the applicant's knowledge and belief.

The applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, religion, color, national origin, ancestry, physical or mental disability, veteran status, medical condition, marital status, age, sex or sexual orientation.

The applicant will at all times indemnify and hold the Town of Windham harmless against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the Town's acceptance, consideration, approval or disapproval of this request and the issuance of funds.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Title