



The Recompense Fund

Supporting the Sustainability of Chebeague

Application Date: _____

GRANT APPLICATION CONTACT INFORMATION

Name: _____

Email address: _____ Telephone number: () - _____

ORGANIZATION INFORMATION

Organization Name: _____

Mailing Address: _____

Your organization must have 501c3 status (nonprofit), Town of Chebeague, Chebeague Island School, or a fiscal sponsor with that status in order to receive a grant.

Organization's Employer Identification Number (EIN) _____

Fiscal Sponsor (if your organization is not a 501c3) _____

Organization's Mission: _____

Financial Information: *Provide information from your most recent completed fiscal year.*

Operating Budget: \$ _____

Total Expenses: \$ _____

Total Revenues: _____

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PROJECT DESCRIPTION

In this section, describe the project for which you are seeking funding from the Recompense Fund. (740 character limit per item)

Amount Requested: \$ _____ **Total Project Cost:** \$ _____

Project Overview: Provide a brief description of your project by completing the following sentence:
We seek funding from the Recompense Fund to...

Project Goal: Describe what you hope to achieve with this project.

Project Activities: Describe exactly what you plan to do. Tip: Consider including *who* will participate, *what* exactly you will do, *where* it will be done, and *when* you expect to begin and complete the project.

Budget Narrative: Briefly describe how you will use Recompense funding.

Project Budget: List all of the items and activities for which you seek funding from the Recompense Fund. Please note that if you include costs for materials or equipment, the committee may request documentation that shows cost estimates and providers/sources.

Project Item or Activities	Cost

Other Funding Sources: List any other sources of support you plan to seek for this project.

Source	Amount

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List your board members:

By signing this applicant form, the applicant hereby indicates 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. Any funds received as a result of this application will be used only for the purpose specified in the award letter.
3. Any funds received as a result of this application will be expended by September first of the year following the award.
4. A report detailing the project status and expenditures from this grant will be submitted by September 1 of the year following the award.

Signature

Title

Date

If you have questions about this application, please contact one of the following:

Leila Bisharat	<u>leilabisharat@gmail.com</u>
Chip Emery	<u>westwinds5@mac.com</u>
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