

Application Summary of : Main Street Community Foundation

Agency Information

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| Agency Information | |
| *Legal Name of the Organization: | |
| *Year Organized: | |
| *Tax Identification Number (EIN): | |
| *Is the organization a registered 501(c)(3) nonprofit? | |
| *Is the organization a school? | |
| *Is the organization a governmental entity? | |
| *Year most recent 990 was filed: | |
| Organization's website: | |
| *Brief Description of Organization and Mission Statement: | |
| *Please enter your Organization Budget: | \$0 |
| <u>Board of Directors Information</u> | |
| *Number of Board members: | |
| *Percentage of Board members that contribute to the organization: | |
| <u>Contact Information</u> | |
| *Address 1: | |
| Address 2: | |
| *City: | |
| *State: | |
| *Zip: | |
| *Address for site visit: | |
| *Phone Number: | |
| Fax Number: | |
| *Is the Executive Director filling out this application? | |
| *CEO/Executive Director's Name: | |
| *Email: | |
| *Is the Grant Contact person different from the Executive Director? | |

Program Information

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| Program Information | |
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| *Name of Project/Program: | |
| *Amount of Grant Request: | \$0 |
| *Total Program or Project Budget: | \$0 |
| Note: All responses should be 300 words max. | |
| *Briefly describe the purpose for which you are requesting funds: | |
| * Proposed Program: Describe your program in detail. Is it a new or existing program? What do you want to accomplish? Who will the program benefit? What data shows a need for this type of program? | |
| * Program Method: What activities make up this program? Who will run the program? What are their qualifications? What organizations if any will you partner with? How specifically will the funds be used to accomplish your program's desired outcomes? | |
| * Evaluation: What results are you hoping to achieve? How will you measure them? How frequently will you measure them? | |
| * Timetable: Provide a schedule of the program/project from inception to final evaluation. | |

Demographic Data

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| Demographic Data | |
| *Geographic area served by the organization: | |
| Number of persons served by this proposal in each community, where applicable: | |
| *Bristol: | |
| *Burlington: | |
| *Plainville: | |
| *Plymouth: | |
| *Southington: | |
| *Wolcott: | |
| * Total: | |
| Number of residents served by this proposal by age: | |
| *0-4: | |
| *5-17: | |
| *18-24: | |
| *25-49: | |
| *50-64: | |
| *65+: | |
| * Total: | |
| Number of residents served by this proposal by | |

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| race/ethnicity: | |
| *White: | |
| *Black: | |
| *Asian Pacific: | |
| *Native American: | |
| *Hispanic (<i>any race</i>): | |
| *Other/Multi-Race: | |
| *Total: | |
| Number of residents served by this proposal by gender: | |
| *Female: | |
| *Male: | |
| *Total: | |

Financial Information

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| Project/Program Budget | |
| Please download the Project Budget Form below, complete it, then upload it: | |
| *Upload the Project Budget Form: | |
| *Upload the organization's current (<i>year-to-date</i>) financial statements, such as a revenue-and-expense report through the most recently completed quarter or operating month: | |
| End-of-year financial statements (<i>minimum requirements based on revenue are set forth below</i>): <ul style="list-style-type: none"> • For revenues over \$500,000, an AUDITED copy of the financial statements by an independent CPA • For revenues between \$250,000 and \$500,000, a FINANCIAL REVIEW by an independent CPA • For revenues between \$150,000 and \$250,000, a COMPILATION by an independent CPA • For revenues up to \$150,000, a balance sheet and year-end financial statement | |
| *Upload end-of-year financial statements: | |
| Summary of Project Income | |
| *Are there sources of income for this program/project, such as in-kind support, grants, program fees? | |

Attachments

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| Attachments | |
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| Upload the following documents: | |
| *List of current board of directors (or governing body), including occupations and/or community affiliations: | |
| *IRS 501(c)(3) Determination Letter: | |