



## Non-Profit Grant Request Form FY 2019

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Mission Statement: \_\_\_\_\_

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2. Amount of Request: \$ \_\_\_\_\_

a. Total Agency Annual Budget: \$ \_\_\_\_\_

b. Number of Agency Employees: \_\_\_\_\_

c. Payroll is \_\_\_\_\_% of the Agency's total Annual Budget.

3. Please identify a public purpose for the requested funding by identifying one of the following categories and describing how the funding will support the selected category:

- A. Provide shelter, food, or clothing to persons in need of the Necessities of Life;
- B. Provide physical or mental health services to persons with special needs, or Integrated Care Services;
- C. Educate and engage residents;
- D. Promote Economic Development or support businesses located or doing business in the Town; or Provide, support, or enhance a Complementary Service, e.g., a service that the Town could provide to its residents or businesses.

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### For Office Use:

Verified Non-Profit Status through 501(c)3 paperwork \_\_\_\_\_ initials

4. Describe reason for request and how funds will be used:

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5 If the amount of the request is higher than the previous year, provide a detailed explanation of the need for the increase:

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6. Describe the benefit to the Town derived from funding your organization:

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7. Describe the following:
- A. Number of Berlin residents or businesses (or both) served by the organization in the years prior to the grant application;
  - B. The location(s) where Berlin residents or businesses may receive the recipient organization's services or programs; and
  - C. The nature and extent of the efforts of the recipient organization to reach out to Berlin residents and businesses.

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8. Provide a detailed account of how the prior year's contribution was used:

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9. List contributions requested and received from other cities in the prior year and requested or expected in FY 19:

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10. Did the organization participate in or intervene in any political campaign (including the publication or distribution of statements) on behalf of (or in opposition to) any candidate for public office within the past 36 months (please select one)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details.

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11. Is the organization operating in a deficit?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details.

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12. Charitable Trust # or EIN # \_\_\_\_\_

Please attach a copy of the following:

- Roster of current governing board
- Completed IRS 990 form for the last fiscal year
- Current year and next year's Annual Operating Budget

I, the undersigned certify that:

1. I am authorized to act on behalf of the organization named herein.
2. The information presented is true and correct to the best of my knowledge.
3. I, and the organization named herein, acknowledge that submission of this form and others associated with this process does not constitute an obligation by the Town of Berlin to provide funding as requested, nor to provide future funding.
4. If awarded funding the organization shall enter into a Grant Funding Agreement with the Town of Berlin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Requests will be accepted from July 1 to August 1 annually.

Please return this completed form and any applicable documentation or additional information by the deadline to:

Town of Berlin  
Attn: Laura Allen, Town Administrator  
10 William Street  
Berlin, MD 21811