



## Request for Determination of Eligibility for Grant Funding

*(Please attach additional sheets of paper if you need more space.)*

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

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

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

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

1. Check the appropriate box, and provide the ID number for the organization:

- 501(c)(3) charity FEIN # \_\_\_\_\_
- Government entity FEIN # \_\_\_\_\_
- Chamber of Commerce FEIN # \_\_\_\_\_

2. Mission Statement or Goals:

---

---

---

---

3. Outline the geographic area where persons who benefit from your organization are located:

---

---

---

4. Is the Town of Berlin located within this geographic area? \_\_\_ Yes \_\_\_ No

5. Summarize the organization's history: \_\_\_\_\_

---

---

---

6. Describe the population served by the organization, including where the population resides.

---

---

---

---

7. Describe the policies you have adopted and/or the procedures you follow to ensure that the terms and conditions of all grants are satisfied.

---

---

---

---

8. 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.

---

---

---

---

9. Is the organization in litigation or does it anticipate pending litigation from any member of a protected class?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

---

---

---

---

10. Please attach a copy of the following:

- Articles of Incorporation, statutory reference or similar documentation for a governmental entity
- IRS letter of tax-exempt status under sections 501(c)(3) for charitable organizations and under section 501(c)(6) for chambers of commerce

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.

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