



STATE OF VERMONT: HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANTS PROGRAM

APPLICATION AND THE ATTACHMENTS CHECKLIST

FOR INTERNAL USE ONLY – YEAR AND GRANT FISCAL YEAR

FY –

1. Name and Address of the Sponsoring Organization or Municipality: _____
2. Name of the Contact Person: _____
3. Phone Number: _____ Email: _____
4. Federal ID Number: (required) _____
5. Amount Requesting: _____
6. Project (brief description): _____

ATTACHMENTS CHECKLIST		✓
A.	Complete the three-page application – application must be signed and dated	
B.	<i>Please describe your project in three pages or less:</i>	
	a) the history of the project	
	b) what are the supported services for the intended project, i.e., who supports this project and who will benefit from this project	
	c) proposed timetable for this project	
	d) specify how this money will be used to enhance the project	
	e) if the request is <i>not fully funded, what is the lowest amount acceptable</i> for this project; and what would be the affect if the project is not granted	
C.	Project Breakdown – breakdown each segment of the proposed project; equipment, materials, labor etc.	
D.	1:1 Financial Funding Match Requirement – You cannot use any State or Federal funds as your 1:1 financial funding match. You must be able to submit documented proof you have the committed funds in hand, and not pledged for the amount of the grant you are requesting, when the grant application is submitted. In-kind contributions of labor and/or materials or any other types of in-kind services are not allowed to be used as your 1:1 financial funding match requirement.	
E.	Project must be shovel-ready and must have all required permits in hand before submitting your application. Otherwise, the application will be automatically denied.	
F.	Provide a list of your Board of Directors and their terms of office on a separate sheet of paper, if applicable	

G.	If a Non-Profit Organization, attach a copy of your 501(c) (?) IRS determination letter or that of your Fiscal Agent (<i>Does not apply to Municipalities</i>)	
H.	Please include the first two pages of the organization's form 990 - Internal Revenue Service Return of Organization Exempt from Income Tax (<i>Required for Non-Profits Organizations</i>)	
I.	Attach a maximum of three letters of support that represent the community's support from Selectboards, City Councils, Planning Commissions, Recreational Boards, Citizens at-large and Schoolboards supporting this project. Reminder – this grant process is designed to be simple and represent a community's desire; letters from local boards or citizens are preferred over letters from legislators or elected officials.	
J.	Attach any other information that you feel would be helpful in assisting the committee members in making an award determination. <i>Colored pictures and sketches are appreciated.</i>	

The deadline to submit applications is September 10th each year and grant submissions must be postmarked by the deadline date. If September 10th falls on a weekend, the deadline will be extended to the following Monday. Please mail one (1) hard copy of your completed application and all corresponding documentation, no staples please, to the following address:

**Department of Buildings and General Services
133 State Street, 5th Floor, Montpelier, VT 05633-5801
Attn: Judy Bruneau, Grant Administrator**

State of Vermont
Human Services and Educational Facilities Grants
Project Budget Sheet

DO NOT INCLUDE IN-KIND FUNDS

Name of the Sponsoring Organization or Municipality: _____

Please Use Whole Numbers

Dollars

A. Total Capital Expenditure of the Project for Which You are Seeking Funds: _____
(This Project Only)

B. Human Services and Educational Facilities Grant Request: *** _____

C. Existing Funding Sources for this Project to Date: **Check Applicable Boxes for Committed Funds**
Yes/No

a. Bank Statement (in hand) *** _____

b. Commitment Letter (in hand) *** _____

c. Donations/Fundraising (in hand) *** _____

d. Bond Vote/Town Budget Line Item (in hand) *** _____

e. Grants - Non-State/Federal (do not include this grant) *** _____

f. Other _____ (in hand) *** _____

Totals _____

***** Line B. plus the totals from Lines C. a. – f. must equal Line A. *****

This program is authorized to award matching grants up to \$25,000.00 per project. Grant funds shall be awarded only when documented evidence is presented that the requested funds are committed in hand for the amount of the grant request.

CERTIFICATION

We have _____ we have not _____ applied for any other Building Communities Grants this calendar year for this project. If yes, please specify: _____

We were denied _____ we were not denied _____ last year for this project.

We have _____ we have not _____ received any other Building Communities Grants in a previous year.

If you have, what year: _____ Which grant: _____

Amount received: _____

Description: _____

I certify that the above statements are true and accurate to the best of my knowledge.

Printed Name:

Signature:

Date: