

## BUILDING COMMUNITIES GRANT PROGRAM: HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANT PROGRAM

### APPLICATION COVER SHEET & ATTACHMENT CHECKLIST

1. Name and address of the Sponsoring Organization or Municipality: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Name of the Contact Person: \_\_\_\_\_
3. Phone Contact: \_\_\_\_\_ Email: \_\_\_\_\_
4. Indicate your federal ID number: (if applicable) \_\_\_\_\_
5. Amount Requested: \_\_\_\_\_
6. Purpose (brief description): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATTACHMENTS CHECKLIST		✓	Office Use Only
A.	Provide a list of your Board of Directors and their terms of office on a separate sheet of paper, if applicable		
B.	If a non-profit, attach a copy of your IRS Determination or that of your Fiscal Agent (does not apply to municipalities)		
C.	<b>Please describe your project and keep to 3 pages:</b>		
	a) the history of the project		
	b) what are the supported services for the intended project; who supports this project		
	c) documentation of a community or communities and individuals to be served; who will benefit from this project		
	d) proposed timetable for construction and project start up		
	e) specify how this money will be used to enhance the project (total breakdown of the project budget sheet; (include labor and materials)		
	f) effect on the project if the award is not granted; whether or not an award in an amount less than requested would be acceptable and, if so, what is the lowest amount that you feel would be helpful		
D.	Attach a maximum of 3 letters of support that represents the community support from Selectboards, City Councils, Planning Commissions, Recreational Boards, Citizens at-large and Schoolboards supporting this project. <b>Reminder</b> – 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 Officials.		
E.	Complete simplified project budget sheet and attach supporting documentation that you have already raised one dollar from non-state funds for every state dollar that you are requesting. In addition, any evidence of a successful bond vote or a specific line item approved within a budget would be useful in gauging support. <b>In-kind contributions of labor and/or materials or other types of in-kind match are not allowed.</b>		
F.	Please provide all funding sources for the proposed project; including loans, other grants etc.		

G.	Please Include first 2 pages of the organizations form 990 (if applicable)		
H.	Attach any other information that you feel would be helpful in assisting the Committee Members in making an award determination. (Pictures and sketches are appreciated).		

**Please mail 6-copies (3-hole punched, unstapled and unbound) of the completed application and the cover sheet. Any attachments or pictures should be submitted in color to:**

Department of Buildings and General Services  
2 Governor Aiken Avenue, Montpelier, VT 05633-5801  
Attn: Judy Bruneau, Grant Administrator  
802-828-3519

State of Vermont  
HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANT PROGRAM  
Project Budget Sheet  
**DO NOT INCLUDE IN-KIND FUNDS**

Name of the Sponsoring Organization or Municipality:

---

		<u>Dollars</u>
A.	Total Capital Expenditure of project for which you are seeking funds:	\$ _____
B.	Human Services and Educational Facilities Grant Program Request:	\$ _____
C.	Existing Funding Sources for this project to date:	Committed Funds please check box
		Yes/No
a.	Donations	<input type="checkbox"/> <input type="checkbox"/> \$ _____
b.	Fundraising	<input type="checkbox"/> <input type="checkbox"/> \$ _____
c.	Fees	<input type="checkbox"/> <input type="checkbox"/> \$ _____
d.	Grants (do not include this potential grant)	<input type="checkbox"/> <input type="checkbox"/> \$ _____
e.	Other _____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Totals		\$ _____

**\*\*\* Please provide copies of all documentation to support your committed funds**

**\*\*The program is authorized to award matching grants up to \$25,000.00 per project, provided that grants funds shall be awarded only when evidence is presented by a successful applicant that at least one dollar has been raised from non-state sources for every dollar awarded under this program.\*\***

**CERTIFICATION**

We have ☐ have not ☐ been denied a Building Community Grant in a previous year for this project.

What year: \_\_\_\_\_

We have ☐ have not ☐ applied for any other Building Community Grant this calendar year for this project.

We have ☐ have not ☐ received any other Building Community Grants in a previous year.

If you have, what year: \_\_\_\_\_ Which grant: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Project description: \_\_\_\_\_

---

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

\_\_\_\_\_  
Printed Name:

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

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

Company Name: \_\_\_\_\_ Project: \_\_\_\_\_

Supplies/Materials (grant will be used for these expenses)	Description/Use	# of Units	Unit Cost	Supplies Expense	Match
Supplies Subtotal					
Contractual (funds contributed and expended by XXXX)	Description/Use	# of Units	Unit Cost	Supplies Expense	Match
Consultant - Survey	Total cost for land survey				
Consultant - Engineering Design and Permitting	Total cost for design and permitting process				
Contractual Subtotal					
Construction (in-kind contribution from XXXX)	Description/Use	# of Units	Unit Cost	Supplies Expense	Match
Contractor - Implementation labor	Assume 2 weeks construction				
Contractor - Implementation equipment	Assume 2 weeks construction				
Construction Subtotal					
Total Project Costs				Amount	Match
Supplies (grant request)					
Contractual (match)					
Construction (match)					
Total					
				Grant Request	Match