



VERMONT

STATE OF VERMONT: HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANT PROGRAM

APPLICATION COVER SHEET AND CHECKLIST

FOR INTERNAL USE ONLY – YEAR AND GRANT FISCAL YEAR	FY –
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1. Name and address of the Sponsoring Organization or Municipality: _____

2. Name of the Contact Person: _____
3. Phone Contact: _____ Email: _____
4. Federal ID Number: (required) _____
5. Amount Requested: _____
6. Purpose (brief description): _____

ATTACHMENTS CHECKLIST		<input checked="" type="checkbox"/>
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 organization, attach a copy of your 501(c) IRS Determination or that of your Fiscal Agent <i>(does not apply to municipalities)</i>	
C.	<i>Please describe your project in 3 pages or less:</i>	
	a) the history of the project	
	b) what are the supported services for the intended project; 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, breakdown of labor and materials; in-kind contributions	
	e) if the request is not fully funded, what is the lowest amount acceptable for this project; and what would be the effect if the project is not granted	
D.	Project must be shovel-ready and must have all required permits in hand before submitting your application. Otherwise, the application will be automatically disqualified.	
E.	1:1 Financial Match; must be able to submit documented proof you have raised \$1.00 from non-state/federal funds and have those funds in hand (not pledged) for the amount you are requesting; any evidence of a successful bond vote or a specific line item approved within a budget would be useful in gauging support. You cannot use any state or federal funds as your 1:1 financial match. In-kind contributions of labor and/or materials or other types of in-kind matches are not allowed.	
F.	Complete the project budget sheet – page 3 of the application	
G.	Project Breakdown – breakdown each segment of the proposed project	
H.	Please include first 2 pages of the organizations form 990 (required for non-profit organizations)	

I.	Attach a maximum of 3 letters of support that represent the community's support from Select boards, 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 you feel would be helpful in assisting the Committee Members in making an award determination. (Colored pictures and sketches are appreciated).	

Grant submissions must be postmarked by the deadline of September 15, 2020. Please mail one (1) hard copy of your completed application and all corresponding documentation to the following address:

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

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

DO NOT INCLUDE IN-KIND FUNDS

Name of the Sponsoring Organization or Municipality:		

	<u>Dollars</u>	
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:	Committed Funds please a check box	
	Yes/No	
a. Donations (in hand) ***	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
b. Fundraising (in hand) ***	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
c. Fees (in hand) ***	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
d. Grants (do not include this potential grant) ***	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
e. Other _____ (in hand) ***	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
	Totals	\$ _____
*** Please provide copies of all documents to support your committed funds ***		

**** This program is authorized to award matching grants up to \$25,000.00 per project. Grant funds shall be awarded only when evidence is presented by a successful applicant that at least \$1.00 has been raised from non-State sources for every dollar awarded under this program. ****

CERTIFICATION

<p>We have <input type="checkbox"/> have not <input type="checkbox"/> applied for any other Building Community Grant this calendar year for this project. If yes, please specify _____</p> <p>We have <input type="checkbox"/> have not <input type="checkbox"/> received any other Building Community Grants in a previous year. If you have, what year: _____ Which grant: _____</p> <p>Amount Received: _____</p> <p>I certify that the above statements are true and accurate to the best of my knowledge.</p>		
_____	_____	_____
Printed Name:	Signature:	Date: