



Rapid Response Grant Application

Do not use this form to apply for our Annual Grant program.
Please see our website for eligibility guidelines and complete instructions.

Organization information

Organization legal name

Doing Business As (If applicable)

Tax ID (EIN)

Number of staff

Number of volunteers

Contact information

Enter your organization mailing address, where your grant decision will be sent.

PO Box/Street

City

State

Zip

Website

Phone

Grant contact

First name

Last name

Title

Email

Phone

Organization description

Briefly describe your organization's mission, population served and key programs and services

Use of funds

We understand that this program cannot provide funding for activities that occur prior to the application date. We agree that if our organization receives a grant, it will not be used for expenses already incurred and will be spent within twelve months. If we are unable to use the funding during this time, we will contact executivedirector@peaksislandfund.org.

I agree I do not agree My name:

Amount requested

Overview Briefly describe what you plan to do with your grant

Impact Briefly describe how the activities you described above will positively impact residents of Peaks Island

Community served Briefly describe the population on Peaks Island that will benefit directly from your project. Specify age, gender, economic status, or any other characteristics that are relevant to your project.

Partnerships List any organizations that you will partner with to make this project successful. Briefly describe the role of each partner (such as engage members, provide training, share resources, etc).

Key project staff List the specific roles, responsibilities, and qualifications of key personnel

Project budget

List the components and expenses of items needed for your project..

Budget item (Services and purchases)	Amount	Explanation
--------------------------------------	--------	-------------

Total Project Budget

Other sources For costs supported by another funding source, provide the name of the source, the amount, and the status of that funding.

Attachments

- List of Board or Advisor Committee Members, including information about residence and occupation
 - IRS certification letter and a confirmation from your board that the organization remains in good standing with the IRS as a non-profit entity
 - Quotes for cost of items/services (If needed)
-

Terms and conditions

By signing the application form below, the applicant hereby indicates agreement with the following terms and conditions.

1. The information contained in this application and in any attachments is true and correct to the best of your knowledge.
2. Any Peaks Island Fund grant funds received will be used only for the purpose specified in the award letter. Any change to the intended use of the funds must receive prior authorization, otherwise funds should be returned to the PIF.
3. Any Peaks Island Fund grant funds received will be used within a year of receiving the award unless an extension has been previously approved (executivedirector@peaksislandfund.org).
4. A progress report reflecting the status of the project and use of the funds must be submitted by December 31st of the year the grant was made.
5. Any unspent Peaks Island Fund grant funds will be returned at the conclusion of the project.
6. If you are a 501-c-3 organization, you assure the Peaks Island Fund that you remain in good standing as a non-profit with the IRS.

By typing my name in the following space, I certify that I am an authorized representative of the organization named in the application. I further certify that this application is submitted with full knowledge and consent of the organization’s Board of Directors or other governing body:

Full legal name

Date (MM/DD/YY)

Relationship to organization

Submission instructions

Email your completed application to executivedirector@peaksislandfund.org. We will confirm receipt of your application. Please email us if you have any questions.