

**Department of Buildings & General Services**  
**Office of the Commissioner**  
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Montpelier, VT 05633

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*Agency of Administration*

December 23, 2015

**2015 BUILDING COMMUNITIES GRANT PROGRAM: HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANT**

Enclosed you will find the FY 2016 Human Services & Educational Facilities Grant Program application, administered by the Department of Buildings & General Services. The goal of the program is to provide competitive grants chapter 117 of Title 24 to municipalities and nonprofits with the intention of strengthening Vermont communities.

This is a competitive grant program and not all applicants will receive funding nor will awarded applicants necessarily receive the full amount of funds requested. It is the intent of the legislature that applicants applying for any of the Building Community Grant Awards **shall not apply for more than one grant** as defined in Chapter 137 of Title 24 for the **same project** in the current calendar year *in any category. (Building Community Grants Programs)*. This **does not prohibit** organizations from requesting funding for a **different** project in an alternate location under any of the grants.

Grants will be awarded by selection committee on a competitive basis. The committee gives priority consideration to applicants demonstrating they have strong community support through the success of local fundraising campaigns. Grant awards recipients will be announced in December of 2015. Any remaining funding will then be awarded on a rolling basis at the convenience of the grant committee.

Please pass this information along to any organization or other interested party that may qualify for this or one of our other grant programs. If you have any questions, feel free to contact Judy Bruneau at our office at (802) 828-3314 or (802) 828-3519. You may also contact her by email at [Judy.Bruneau@vermont.gov](mailto:Judy.Bruneau@vermont.gov). For your convenience, we have made this and other grant application materials available online at the following location: <http://bgs.vermont.gov/formsandpublications>.



## 2015 STATE OF VERMONT: HUMAN SERVICES AND EDUCATIONAL FACILITIES GRANT PROGRAM

### APPLICATION PROCESS

This grant program is open to municipalities and non-profit organizations that provide human & educational services in an individual community or recognized community service area. The maximum available grant is \$25,000. Requests in any amount up to the twenty-five-thousand-dollar limit will be considered. For each dollar requested, documentation must be provided to show that one dollar has been raised (on hand or pledged) from non-State of Vermont sources. Projects that are in the **conceptual stage should not apply**. Preference will be given to those projects that have demonstrated support within a community.

This program is intended as a simple grant application process. Handwritten applications are acceptable. We do not encourage having professionally prepared material created for this application. Short, simple applications are greatly appreciated and supported.

### DEFINITIONS

**Human Services Project**: A facility-based project that provides or coordinates or organizes human services and health care within a community or community catchments area.

**Educational Facilities Project**: A facility based project that provides or coordinates, as part of their overall program offerings, educational programs and/or educational opportunities to youth or adult learners.

**Municipality**: As defined in Chapter 117 of Title 24 V.S.A. § 4303(12)

**Non-Profit**: A group granted such status by the Internal Revenue Service.

**Non-State Match**: Financial support raised by the municipality or non-profit that comes from either private or public sources providing that no portion of the money claimed as match comes from:

- A directed state appropriation
- State grant dollars
- Federal funds funneled through a state agency

**Project Funding**: Capital costs associated with major maintenance, renovations or development of facilities for the delivery of Human Services and Health Care and for the development of educational opportunities in Vermont communities.

## ELIGIBILITY REQUIREMENTS

Requests for funding will be evaluated on the following criteria. The Human Services & Educational Facilities Grant Advisory Committee will make award decisions within four (4) working weeks of the application deadline, if funding remains thereafter grants will be funded on a rolling basis announced at the discretion of the committee. ***The decision of the Committee is final and is not subject to appeal.***

Successful grant recipients will demonstrate:

1. Necessity or advantages to the community of the project.
2. Enhancements of facilities or operations to support Human Services or Educational programs.
3. The project is ready to begin or has begun construction. ***Concepts or ideas will not be funded.*** Grants will not be awarded as “seed” money.
4. The critical nature of this grant funding towards the project’s success.
5. Documentation of 1:1 financial match. In-kind contributions of labor and/or materials or other types of **in-kind match are not allowed as part of the financial match.**
6. Demonstrate that the organization has strong support in the community. This can be illustrated through the success of local fundraising campaigns in achieving matching funding. In addition, letters of recommendation from community members is requested.
7. Additional projects or tasks funded by grants for the same calendar year for the same property will not be funded per Chapter 137 of Title 24 §5601-5606.

**Application Deadline: November 20, 2015**

(after the initial deadline any remaining grant funds will be awarded on a rolling basis)

**2015 STATE OF VERMONT: 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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>ATTACHMENTS CHECKLIST</b>		<b>✓</b>	<i>Office Use Only</i>
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.	<i>On no more than 3 pages please describe:</i>		
	a) the history of the project;		
	b) what are the supported services for the intended project;		
	c) Documentation of a community or communities and individuals to be served.		
	d) proposed timetable for construction and project start up;		
	e) specify how this money will be used to enhance the program		
	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 represent the community support. In addition, any evidence of a successful bond vote or a specific line item approved within a budget would be useful in gauging support.		
E.	Complete simplified budget form enclosed and attach supporting documentation that you have already raised one dollar from non-state funds for every state dollar that you are requesting. <b>In-kind contributions of labor and/or materials or other types of in-kind match are not allowed.</b>		
F.	Please Include first 2 pages of the organizations form 990 (if applicable)		
G.	Attach any other information that you feel would be helpful in assisting the Committee in making an award determination. (Pictures and Sketches are appreciated)		

**Return 9 Copies (3-hole punched, unstapled and unbound) of the completed application cover sheet and attachments to:**

Department of Buildings & General Services  
2 Governor Aiken Avenue, Montpelier, VT 05633-5801  
Attn: Grant Administrator  
802-828-3314

**STATE OF VERMONT**  
**Human Services and Educational Facilities Grant Program**  
**Project Budget Sheet**  
**DO NOT INCLUDE IN-KIND FUNDS**

Name of Organization or Municipality: \_\_\_\_\_

A. Total Capital Expenditure of project for which you are seeking funds: Dollars  
\$ \_\_\_\_\_

B. Human Services and Educational Facilities Grant Program Requests: \$ \_\_\_\_\_

C. Existing Funding Sources for this project

Funding Sources: (please specify)

<u>Project Funding</u>	<u>Source</u>	<u>Committed?</u> (Yes/No)	<u>Dollars</u>
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. Other		<input type="checkbox"/> <input type="checkbox"/>	\$ _____
e. Grants (specify)		<input type="checkbox"/> <input type="checkbox"/>	\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

\*Please provide copies of all documents to support committed funds

\*\*The program is authorized to award matching grants up to \$25,000 per project, provided that grant 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  applied for any other Building Community Grant this calendar year for this project.

If yes, please specify \_\_\_\_\_

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

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

What grant: \_\_\_\_\_ Amount Received: \_\_\_\_\_

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

\_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_