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 –**

1. Name and address of the Sponsoring Organization or Municipality: _____

   _____

   _____
2. Name of the Contact Person: _____
3. Phone Contact: _____ Email: _____
4. Federal ID number: (if applicable) _____
5. Amount Requested: $ _____
6. Project (brief description): _____

   _____

   _____

Purpose (brief description): _____**ATTACHMENTS CHECKLIST**		✓
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 ***(does not apply to municipalities)***	☐
C.	***Please describe your project in 3 pages or less:***	☐
	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 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 grants 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.	Please include first 2 pages of the organizations form 990 (if applicable)	☐

H.	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.	☐
I.	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).	☐

The deadline to submit applications is July 31st of each year. If July 31st happens to fall 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 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:

_____

		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:	**Committed Funds please a check box Yes/No**	
a. Donations (in hand) * **	☐☐	**$**_____
b. Fundraising (in hand) * **	☐☐	**$**_____
c. Fees (in hand) * **	☐☐	**$**_____
d. Grants (do not include this potential grant) * **	☐☐	**$**_____
e. Other _____ (in hand) * **	☐☐	**$**_____
	Totals	**$** 0.00

***** 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

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: _____ Which grant: _____

Amount Received: $ _____

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

_____ _____ _____

Printed Name: **Signature:** **Date:**