



COUNTY OF HANCOCK  
Commissioners' Office  
50 State Street, Suite 7  
Ellsworth, Maine 04605

Commissioners:  
William F. Clark, District I  
Percy L. Brown Jr., District II  
Antonio Blasi, District III

Scott A. Adkins  
County Administrator

**COMMUNITY BENEFIT GRANT APPLICATION**

**INSTRUCTIONS:**

This application is for use in applying for a grant from the Hancock County Community Benefit Fund. The information provided in this application will be used by the County Commissioners to evaluate your organization's grant request, it is imperative that you submit detailed, accurate information as requested.

In this grant period, there is \$100,000 available. Requests will be capped at \$25,000 (refer to pg. 3 sec. 6).

Please return a completed Grant Application in order to be considered for a grant to be awarded this year. If a section or question is not applicable to your grant, please indicate so. Applications can be dropped off or mailed to the County Administrator at 50 State Street, Suite 7, Ellsworth, Maine 04605 in a sealed envelope and clearly marked on the outside of the envelope, COMMUNITY BENEFIT GRANT APPLICATION. The application period will be open until 4:00 p.m. on Monday, December 31, 2018. Applications received after December 31, 2018, in person or by mail, will not be considered.

It is acceptable to retype this form on your own or to fill it out by hand; please use blue or black ink and write legibly.

**GENERAL INFORMATION REGARDING YOUR ORGANIZATION:**

**I. Organizations Name: (Please also provide a web site if applicable)**

\_\_\_\_\_

**II. Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Contact Information: Must be authorized to act on behalf of organization/Company**

**A. Name of person completing this application: (Applicant)**

\_\_\_\_\_

**B. Applicant's position with the organization:**

\_\_\_\_\_

C. Applicant's preferred telephone number:

\_\_\_\_\_

D. Applicant's preferred e-mail address:

\_\_\_\_\_

**IV.** Please provide, on a separate sheet of paper, a brief history (one page) of your organization; include the date your organization was founded, as well as its experience and expertise in its given field.

**INFORMATION REGARDING GRANT REQUEST AND ORGANIZATION'S CHARITABLE PROJECTS AND PROGRAMS:**

- I. What is the amount of your grant request? \$ \_\_\_\_\_
- II. Are matching funds available? \_\_\_\_\_
- III. What is the total budget for the project or program for which this request is made? \$ \_\_\_\_\_
- IV. List other sources of funds for your organization's project or program.

\_\_\_\_\_  
\_\_\_\_\_

- V. Please answer, using the attached form titled "Appendix A", questions concerning sources and uses of funds as well as impact and employment goals for the project you are applying for. Your answers will be scored. Please see "Scoring Criteria" included in this packet.
- VI. Is your organization a 501 C3, or some other IRS recognized charitable organization? If other than 501 C3 please give the IRS designation and a brief explanation of what form of charitable organization you are.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- VII Please attach the current roster of your organization's Board of Directors.
- VIII. Submission of up to three (3) letters of recommendation will be accepted. (These are helpful but not required)

**APPLICANT'S ACKNOWLEDGEMENTS:**

By submitting this application, your organization acknowledges and agrees that:

1. The County of Hancock is under absolutely no obligation to award a grant to your organization.
2. If awarded a grant, your organization will use the funds only for the purpose(s) for which the grant is made.
3. If awarded a grant, in relation to a program or project lasting greater than ninety (90) days, your organization is required to submit periodic progress reports on a form promulgated by the County of Hancock, with the first such report being due no later than ninety (90) days after the date of your grant. Your organization shall continue to make such reports each ninety (90) days thereafter until such organization's project or program is completed.
4. If awarded a grant, regardless of the duration of the program or project for which your organization may be awarded a grant, a final report on a form promulgated by the County of Hancock, shall be due within ninety (90) days after the completion of your organization's project or program.
5. If it appears that grant funds are misused and/or diverted from their intended purpose, the County of Hancock reserves the right to withhold and/or recover such funds.
6. If awarded grant funds of \$10,000 or less, the entity may reapply for Community Benefit Grants until the threshold of \$25,000 or more is received. Upon receiving \$25,000 or more the entity can no longer apply for grant funds for a period of 3-years. The entity becomes ineligible to reapply for a period of three years following the accumulated award of \$25,000 or more. (Example: if awarded \$25,000 or more in 2018, entity may reapply in 2021 or if awarded \$10,000 for 3 consecutive years 2018-2019-2020, the entity may reapply in 2023)
7. If applicant has consistently submitted an application over a three-year period and has not been selected to receive grant funds, the applicant is required to cease submission for one year.

**Submitted on behalf of the above-named organization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

By: \_\_\_\_\_

Its. \_\_\_\_\_

## Appendix A

Please provide in the space below, answers to the following questions. The maximum submission must be kept to a maximum of these two pages.

**Category in which you are applying: Please check the most appropriate selection:**

- Economic Development**
- Tourism**
- Community Development**
- Help Disadvantaged**

**Overall Impact:** Please project how many Hancock County residents will benefit from this grant. Who will benefit from the work or positive outcomes of your project? How will your project/program improve the economic/social situation in Hancock County?

**Creation/Retention of Jobs** Please provide job creation/retention estimates and why you believe that the number of jobs will be created or retained.

**Funding sources-** Please describe below any other matching funds or sources of funds that will also be used for this project. Please identify other partners and or organizations who will be contributing to this project and how (time, financial or in kind contributions etc)

**Additional information:** Please provide any additional information you would like to tell us about your Company/Organization and why you feel you should be awarded these funds.