



## Community Grant Application

### A. Organization Information

Organization Name: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
(Street) (City) (Zip)

Representative/Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Best Contact Email: \_\_\_\_\_

Notification of award status will be sent by mail and/or email via the information provided above.

### B. Program Description

Please prepare the following documentation to be attached to this application regarding the particulars of your program:

1. A detailed description of the program for which grant funds will be utilized. This should include:
  - a. The population to which the program will cater (age groups, etc.)
  - b. Where the program is located
  - c. Any assets that your entity already owns or has secured for the program
2. A list of all officers and organizations that shall have any role in the program's operation. This list need not include employees or volunteers who do not have decision making authority.
3. If applicable, dates during which the program will run.
4. Describe how your organization is funded. Is your organization funded by city or town funds? Is your organization registered with the New Hampshire Attorney General's Charitable Trust Division?
5. If this request is for capital improvements such as nets or other equipment, please submit documentation describing the cost of the equipment and what programs this equipment will impact.
6. Any other information that your entity feels will be helpful to Seacoast United Foundation, including, but not limited to, a cover letter, executive summary, etc.

### C. Budget Information

Please prepare the following documentation to be attached to the application regarding your program's budget:

1. Your program's total projected cost
2. Total grant amount requested (\$500 or \$1,000)
3. An itemized list of all items and their amounts to which grant funds will be applied
4. A complete list of any and all other pending grant/foundation applications with other organizations and the amount requested in each application.



**Community Grant Application-Continued**

**D. Authorization**

I, \_\_\_\_\_, as \_\_\_\_\_, hereby certify that I have the authority to act as a representative and/or agent of \_\_\_\_\_ in relation to this application, and further have authority to make the following representations. I affirm my organization's wish to be considered for a grant from Seacoast United Foundation and certify my organization's understanding that the information in this application will be available only to authorizes persons for the use in the course of their official duties related to processing and/or considering this application. I understand that Seacoast United Foundation retains exclusive authority to determine whether to grant or reject this application, and that nothing any Seacoast United Foundation representative has told me, my organization, or any of my organization's other agents and/or employees, represents any promise in any capacity to approve this application. My organization understands that if it is selected to receive a grant, my organization hereby grants the Seacoast United Foundation permission to publish, at its option, the organization name and/or picture and/or one of its agents or representatives on the Seacoast United Foundation's web site or any of its other publications announcing my organization as a grant recipient. I and my organization affirm that the information contained in this application or attached thereto is true and accurate to the bes of our knowledge and belief.

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Name of Organization

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Representative's Printed Name

Signature

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Position/Title

Date