

Coronavirus Emergency Fund GRANT APPLICATION

MIDDLETOWN COMMUNITY FOUNDATION

Date of application: _____

Employer ID number _____

Name of Organization: _____

Important: Unless you are a governmental unit, a qualified church, or an entity covered by a group exemption, your name must be the same as on the IRS determination letter or you must submit documentation of your name change and notification to the IRS of that change.

Address: _____

Telephone: _____ E-mail _____

City, State, zip code: _____

Grant Contact Person: _____ Email: _____

This program must address needs related to the coronavirus crisis. Please complete the following questions.

Program/Service Title: _____

Amount requested: \$ _____ Total cost of program: \$ _____
(Please attach a program budget)

Implementation date: _____ Completion date: _____

How many will be served with this funding: _____

Briefly explain what the project or program is intended to accomplish and the benefits to the community.
(Please attach a one-page narrative.)

Is this a collaborative program and if so, what other organizations are involved and how?

MIDDLETOWN COMMUNITY FOUNDATION

Coronavirus Emergency Fund GRANT AGREEMENT

The Governing body of _____ (organization) hereby submits a proposal for funding to Middletown Community Foundation and agrees to the following conditions:

1. A policy of non-discrimination will be followed in all matters of employment, volunteer opportunities and the delivery of programs and services.
2. The grant, if made, will be used only for the purposes described in this grant proposal.
3. Requests for information/documentation from staff members of Grant maker will be met in a timely manner.
4. Any change in tax exemption or inability to complete the project as proposed will be reported to the Funder's staff in a timely manner.
5. If the request for funding is granted, we will acknowledge the funder's support in all publicity relating to this project.
6. Unexpended grant money will be returned to the Foundation immediately upon completion of the program.
7. If the program is canceled grant money will be returned to the Foundation in full.

The applying organization hereby accepts and agrees to the terms and conditions of this agreement.

Signature, President of the Board of Trustees

Date

Signature, Chief Executive Officer

Date