Casco Bay Island Development Association

2015 Grant Application

For more information about this program please refer to the attached announcement.

Application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Applicant)

Applicant’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

Please circle the subject area of this application:

 Environmental Historical Educational Public Safety Quality of Life

Briefly describe the applicant, including mission, history, and service area:

Briefly describe the project. How will this grant support your organization’s long-term vision?

Please attach additional documentation if necessary.

Amount of Grant Request: \_\_\_\_\_\_

Please attach a detailed budget by line item delineating the various items in your request.

Please describe the grant opportunity you have identified and how your project would address it.

Please describe any other sources of funds available to support this grant (including “in kind” support if applicable).

Briefly describe the implementation schedule for this grant, noting the estimated start date and date of completion. We will ask for additional feedback summarizing the results of your grant after the date of completion.

Organization, (501(c)(3) corporation, fiscal agent, or other government entity authorized to *receive and assume responsibility* for funds from the CBIDA grants program:

Name of Organization:

EIN #:

Name and Title of Contact:

Address:

City/Town: Zip:

Telephone: Fax:

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your completed application to CBIDA, Grant Committee, P.O. Box 7662, Portland, ME 04112 or email to ramseyroost@maine.rr.com.

**APPLICATIONS MUST BE RECEIVED BY March 12 , 2015** to be considered.

If you have any questions, please contact Grant Committee members: Robert Laughlin at 799-9285 or grtdia@aol.com; Nancy Noble at 766-5993 or nnoble@mainehistory.org; Kim MacIsaac at 766-5514 or ramseyroost@maine.rr.com.