

Martha's Vineyard Savings Bank Charitable Fund

A Permanent Endowment of Martha's Vineyard Donor Advised Fund

Grant Application



1. Organization Information.

Organization Name: _____

Mailing Address: _____

_____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Contact Name: _____

Title: _____

Contact Telephone Number: _____

Contact Email Address: _____

Organization Mission: _____

Year the organization was established: _____

Number of people active in the organization: _____

Number of paid staff: ___ Number full time: ___ Number part time: ___ Volunteers: _____

Grants received in the past two years, including the year, the name of the supporting organization, the grant amount and the nature of the project funded:

2. Grant Request Information. (Please use additional sheets as needed.)

Project Name: _____

Total Project Budget: _____ Amount Requested: _____

Is this project _____ new _____ expanded _____ or ongoing? Please explain: _____

What issues and/or groups does your project address:

_____ Arts and Culture _____ Health _____ Civic Affairs _____ Housing
_____ Education _____ Social Services _____ Elderly _____ Youth _____ Environment
_____ Other (specify) _____

Briefly describe the project for which you are seeking support. What is the problem, issue or concern being addressed? Does the project focus on any particular segment of the Vineyard population or a specific geographical area of the Island?

What are the goals of the project?

How will you judge the project's success? How will you measure its benefit to the Island community?

Please provide a chronological work plan for the project's main activities:

Activity

Completion Date

What other organization(s), if any, will you work with on this project? Please list the name, address, telephone number and contact for each of these organizations. Is the involvement, support or assistance from other organizations required for your project to be successful? If an organization is providing financial support, please include the amount of funding to be received. Letters of support also are welcome.

3. Project Budget Information.

Project Funding

(Please include gifts, grants, in-kind support and funding from operations.)

Source	Type of Funding	Amount of Funding
MV Savings Bank Charitable Fund (MVSBCF)	Grant	\$
Total Funding		\$

Project Expenses

Budget Item	Expense Allocation MVSBCF	Expense Allocation Other Sources	Total
Personnel	\$	\$	\$
Contract Services			
Facilities			
Equipment			
Supplies			
Other			
Total Expenses	\$	\$	\$