

**COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.
1324 Belmont Avenue, Suite 401, Salisbury, Maryland 21804**

Use of Community Foundation Facilities Application Form

Eligibility

To be eligible, an organization must be a designated 501(c)(3) nonprofit under the Internal Revenue Code and provide evidence of that designation. The organization must be located in and providing services for residents of the lower three counties of the Eastern Shore: Worcester, Wicomico, and Somerset.

Primary Considerations. When evaluating applications, careful consideration is given by the Foundation to the following factors:

- The potential impact of the request on the viability of the organization
- The degree to which the request will build the capacity of the organization
- The commitment of the organization's Board of Directors
- The extent of volunteer involvement and support for the organization
- The organization's fiscal responsibility and management qualifications
- The assurance from the organization of their commitment to proper use of the facilities

Application Procedures. The Community Foundation accepts only complete applications in the format outlined below. **Please provide a cover letter** on the organization's letterhead and signed by the Executive Director. The cover letter should state the mission of the organization, a brief summary of the reason for the request and the anticipated frequency of use.

I. AGENCY INFORMATION:

Proposals must be typed.

Organization Name: _____

Organization Address: _____

Year Organization Created: _____

President/Director/Chairman of Board of Organization: _____

Please circle appropriate one.

Agency Contact Person: _____ Phone Number: _____

Email: _____

Date of Request: _____ Date Facility Needed: _____

Has your organization received a grant in the past from the Community Foundation?

Yes _____ No _____ Date(s): _____

Has your organization been denied a grant in the past by the Community Foundation?

Yes _____ No _____ Date(s) _____

II. DEMOGRAPHIC INFORMATION:

Please complete the following section by selecting ONE response for each column. If “other” is selected, please specify the information.

Geographic area served by the organization:

- Somerset
- Wicomico
- Worcester
- Lower Eastern Shore
- Eastern Shore
- Maryland

Number of individuals served by the organization:

- less than 10
- 11-25
- 26-50
- 51-100
- 100+

III. GRANT PROPOSAL

1. Briefly describe the specific purpose for this request.

2. How will the use of the Community Foundation facilities increase the capacity of your organization?

3. How will the use of the Community Foundation facilities help you to accomplish your mission?

IV. ATTACHMENTS – For this application to be complete and eligible for consideration, all the following documents are attached. Give an explanation of any that are not attached and when they will be forwarded.

- Evidence that your organization is a 501c(3) organization under the Internal Revenue Code
Please note that a tax-exempt designation by the State of Maryland is not sufficient documentation.
- A copy of the agency's current operating budget.
- A copy of the agency's most recent financial statement.
- List of the organization's Board of Directors and most recent board meeting minutes.

FOR CFES USE ONLY:

Authorized Signature: _____

Date of Approval: _____