

On Agency Letterhead

Appendix A

Cover Sheet

+ Organization/ Partnership Name:

Address:

City, State, Zip:

Phone:

Fax:

+ Lead Administrator (Responsible for contract and reports):

Organization:

Name/Title:

Phone:

Fax:

E-mail:

+ Financial Administrator (Responsible for invoices):

Name/Title

Phone:

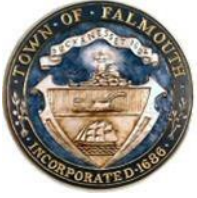
Fax:

E-mail:

+ Federal Tax ID Number:

Attach a copy of your tax-exempt certificate

IDENTIFIED NEED - Other Support Services



TOWN OF FALMOUTH
REQUEST FOR INTEREST FY21: OTHER SUPPORT SERVICES

Appendix B: BUDGET WORKSHEET

Name of Organization or Collaborative: _____

Name of Project: _____

TOTAL AMOUNT NEEDED FOR PROGRAM: \$ _____

TOTAL AMOUNT REQUESTED FROM TOWN OF FALMOUTH: \$ _____

Are you seeking or do you currently have other financial support for this program? Yes No

Will your organization/partner agencies contribute financial support for this program? Yes No

Organizations should include all prospective, pending or secured sources of funding in the table below and in the narrative

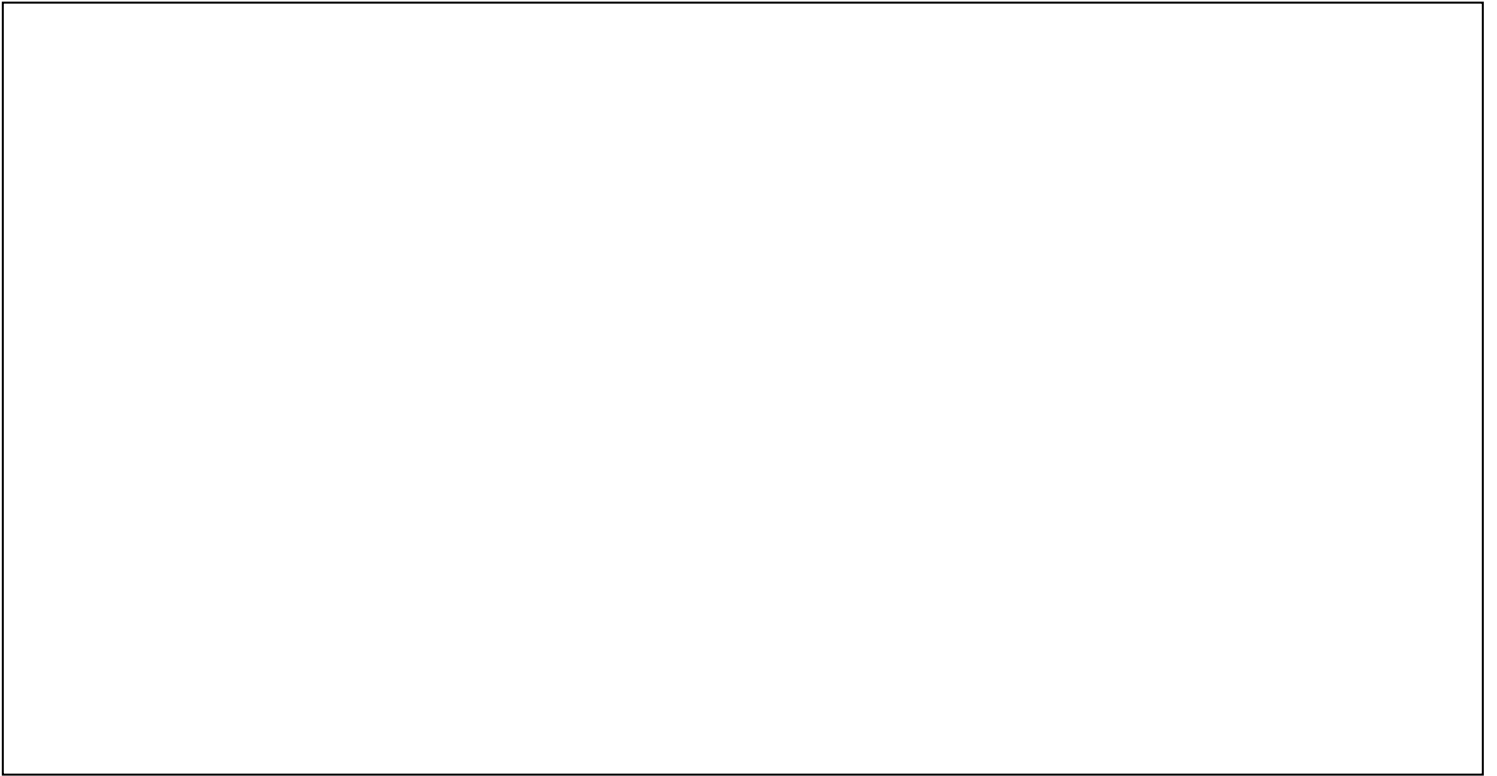
Instructions:

- Do not allocate more than 15% of Town of Falmouth requested dollars to administrative fees and or overhead expenses.
- Include the financial contributions that the applicant organization(s) will allocate to the proposed project in column (D) in the detailed expense category. If the program is entirely dependent on outside funding, please leave column (D) blank.

DETAILED EXPENSE CATEGORIES	(A) TOTAL PROGRAM EXPENSE	(B) TOWN OF FALMOUTH REQUEST	(C) REQUESTED/ RECEIVED FROM OTHER SOURCES	(D) OWN ORGANIZATION/ COLLABORATIVE CONTRIBUTION
Personnel Expenses:	\$	\$	\$	\$
Consultants/Contract Services:	\$	\$	\$	\$
Equipment:	\$	\$	\$	\$
Travel:	\$	\$	\$	\$
Administrative/Overhead Expenses:	\$	\$	\$	\$
Total Expenses:	\$	\$	\$	\$

Appendix C

Budget Narrative



Please provide a narrative to include details and justification for expenditures as well as details of project income sufficient to meet the goals of the project.

APPENDIX D

NON-COLLUSIVE RESOLUTION

The undersigned certifies, under the provisions of Chapter 701 of the Acts of 1983 and under the penalties of perjury that this proposal is in all respects bona fide, fair and made without collusion or fraud with any other person. As used in this Section, the word "person" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity.

DATE: _____

SIGNATURE: _____

APPENDIX E

STATE TAXES CERTIFICATE CLAUSE

I, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State (Commonwealth of Massachusetts) tax returns and paid all State (Commonwealth of Massachusetts) taxes under law.

By: _____

*Signature of Individual or Corporate Name

On Agency Letterhead

APPENDIX F

SIGNATURE PAGE

I/we hereby certify that this proposal is submitted in good faith and the information contained herein is true and accurate to the best of my ability.

Signature

Date

Print Name and Title (Lead Administrator)

CHECKLIST

To ensure that your proposal receives all due consideration, please be sure to include all requested information and supplementary materials. Incomplete applications or missing supplementary materials may cause your application to be removed from consideration for funding.

- Completed Cover Sheet on agency letterhead (Appendix A)
- Proposal Narrative
- Completed Budget Worksheet including in-kind costs (Appendix B)
- Budget Narrative sheet (Appendix C)
- Non-Collusive Resolution (Appendix D)
- Copy of tax-exempt certificate
- State Taxes Certificate Clause (Appendix E)
- Completed Signature Page on agency letterhead (Appendix F)
- Memorandums of Understanding (if applicable)
- Letter(s) of support (optional)