

Maynard Community Chest  
2010 Funding Application

Date:

Organization Name:

Tax Exempt ID#:

Address:

Phone:

Email:

Website:

Name of Executive Director/Contact person for Agency:

Agency Mission (one or two paragraphs):

Total Annual Organization Budget:

Please return:

- 10 copies of completed application
- 1 copy of annual report for current fiscal year
- 1 copy of IRS 501(c)(3) determination letter
- several agency brochures or other materials, if available

TO:

Maynard Community Chest

P.O. Box 369

Maynard, MA 01754

In addition, please send via email a completed application to: [info@maynardchest.org](mailto:info@maynardchest.org)

**Applications must be postmarked on or before Friday, March 19, 2010.**

Please note that in our evaluation, we prioritize the following criteria:

- Demonstrable knowledge of how your organization impacts the Maynard community
- Clearly articulated plans for how our funds will be used
- Impact of Maynard Community Chest funds on your organization

- Effort to evaluate your organization's programs and services
- Collaboration with the Maynard Community Chest throughout the year

**Application Instructions**

Please include the following information in the proposal: (in a maximum of 5 pages)

**Applicant Organization:**

- Mission and brief history
- Major programs and geographic scope of services
- Organizational structure and number of staff

**Major Programs:**

- The target population and community needs to be addressed
- The specific purpose and amount for which funding is sought
- How programs particularly impact the Maynard community

**Evaluation Process:**

- Explain in detail how, and from what methods, you know that your services are meeting the needs of the people you serve

**Budget:**

- Itemized expenses (e.g. salaries, equipment, printing)
- Projected revenue, including all funding sources (in-hand and anticipated) and amounts for each source
- Allocation of funds from the Maynard Community Chest

**Appendices:**

- List of board of directors, their contact information and affiliations

**Services to Maynard**

Town	Hours of Service	%	# People Served	%	
Maynard					
All other Towns					
Total (2009)		100		100	
Last Fiscal Year (Maynard only)					

**Budget Report**

Use the following budget as a template for submitting this report. If your organization already produces a formal budget, that is acceptable for submission.

**Fiscal Year:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

Source	Income		
	Last Year	Current Year	Next Year

Fee for Services			
Community Chest/United Way			
Federal Grants			
State Grants			
Local Grants			
Membership Dues			
Annual Fundraising			
Bequests			
Investment Income			
Other			
<b>TOTAL</b>			

### Expenses

	Last Year	Current Year	Next Year
Salaries			
Benefits			
Building Expenses			
Rent			
Utilities			
Office Expenses			
Phone			
Supplies			
Audit			
Legal/other			
Capital Equipment			
Program Expenses			
Material/Supplies			
Transportation			
Postage			
Other			
<b>TOTAL</b>			