

Grant Criteria Process (DRAFT)

(4) \$4500 Grants will be available annually to local nonprofits servicing the needs of this community (***any additional funding will be used to fulfill requests throughout the calendar year***).

To qualify for a grant, nonprofit must be located in Charlestown with 70% of the organization residing in Charlestown. Organizations must address a program need that benefits and services the Charlestown community and need to be a 501(c)(3), or have the ability to accept and expend grant funds.

Application Deadline: Returned via email to BunkerHillAssociates@gmail.com by February 24th at 11:59 pm No exceptions. Applications received after the deadline will not be considered.

After application is received in good order, a zoom meeting will be scheduled for Monday, March 1st beginning at 6:00 PM(time slots will be assigned in 15 minute intervals). You will be asked to give a 10-15 minute presentation regarding the specific programming and needs of your organization.

Committee will meet the following week to review all grants and select 4 recipients which will be presented to membership at the March meeting.

If awarded grant and COVID restrictions do not allow your organization to fulfill grant requirements, funding may be held until your organization is able function within the guidelines of the MA DPH and City of Boston COVID policy.

Grant Committee:

Maureen Collier, President
James Lister, Vice President
Kim Mahoney, Secretary
Maureen McCabe-Collier
Joe McGonagle
Lisa McGoff-Collins
Carolyn Wrenn-Shannon
John Caldwell
Tom Cunha
MaryEllen Egan
Cecil Jones

**BUNKER HILL ASSOCIATES
P.O. BOX 290755
CHARLESTOWN, MA 02129-0213
2021 GRANT APPLICATION**

Date: _____

Name of Organization: _____

President/Director _____

Address: _____ Tel.#: _____

Treasurer _____

Address: _____ Tel.#: _____

ORGANIZATIONAL INFORMATION:

Date of Inception: _____ Organization Type: 501 (c3) _____ Other: _____

Federal Tax Number: _____

Do you have Federal Tax Exemption Status? Yes: _____ No: _____
(If yes, please attach most recent copy of return from organization exempt from
income tax) a.) 990 _____ b.) 990 EZ _____

Are you a Massachusetts non-profit organization? Yes: _____ No: _____ Exempt: _____

Are you affiliated with a non-profit organization? Yes: _____ No: _____

If yes, please list: _____

Do you have a certificate of solicitation issues by the Office of Attorney General's
Division of Public Charities Protection Bureau? _____

List top 3 Grant's received:

1. _____
2. _____

3. _____

What type of service do you perform for the youth of Charlestown?

What is the number/percentage of Charlestown Youth being served by your organization (please be specific/documentation may be required):

Annual budget of organization: _____

**Provide a summary of how funds will be used and what is needed and when?
(Please provide a monetary breakdown of how funds will be spent and be as specific as possible. Use an additional page if necessary.)**

Will COVID restrictions prevent you from meeting all grant criteria? (i.e. if more restrictions are imposed, will programming still be viable?)

What is the frequency of your service? Daily: _____ Weekly: _____ Monthly: _____

Other (explain): _____

If awarded a grant, how will the Bunker Hill Associates be recognized through your organization for the grant award?

**If a grant was awarded last year, please specify how funding was used:
(To be considered for future grants, please be specific as possible)**

If awarded a grant, how do you plan on keeping people safe and abiding by COVID restrictions?

Name (printed): _____ Signature: _____

Received: _____ Date: _____

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