

2021 DREW MARINE FUNDING APPLICATION

Legal Name of Organization _____

Date of Incorporation _____

Address of Organization _____

Telephone Number _____ Fax Number _____

Federal Tax ID Number _____ Agency Website _____

Chief Executive Officer (CEO)/Executive Director _____

Name & Title of Contact for application (if different from CEO/Executive Director) _____

Contact Email Address _____

Contact Telephone Number _____ Fax Number _____

Number of Staff (full time/part time) _____ FT _____ PT

Frequency of Board Meetings _____ Number of Board Members _____

Average Percent Attendance _____

Organization Budget for Current Fiscal Year _____

Organization Budget for Last Fiscal Year \$ _____

Project Name or Use of Funds _____

Funding Period From: _____ To: _____

Number of People to be Served by Project _____

Population to be Served _____ Total Project Cost \$ _____

Amount requested from Drew Marine \$ _____

Organizational Revenue Sources (check the top three):

 Public Individual Gifts Grants (Foundation) United Way Membership Fees Special Events Investment Income

By typing name(s) below ("electronic signature") you certify that all information entered is true and correct, to the best of your personal knowledge. Knowingly entering false information will result in a disqualification of this application. Your electronic signature below shall be construed as an original signature for purposes of transmitting the grant application electronically.

Board Chair Date CEO/Executive Director (or equivalent) _____

Date _____

Summary: In one paragraph, describe the purpose of this request. What is the target population, location, and timeframe? Is it a new, existing, or improved/expanded program? What are the specific, quantifiable results that you plan to achieve?

Organization: In one paragraph, describe your organization, identifying its mission, programs/services, geographic focus and client base.

Statement of Need: What specific community need(s) will your proposed program address? Include data substantiating the existence/scope of this need, citing specific source materials. How does this project relate to your agency's strategic plan and/or program priorities?

Workplan:

1) Workplan Narrative Describe your plans for implementing the program. For instance: WHO will be carrying out the activities? Provide information on their skills and experience. WHEN will they occur? WHERE will programs take place? HOW will clients/participants be notified, if recruitment is necessary? HOW MANY area residents will benefit (providing information about their age, race, special needs, towns of residence, etc)?

2) Workplan Timeline Complete the following table:

Activities Timeline Results

- Activities – List the principal steps that you will take to complete the program (i.e. hire staff, conduct publicity campaign, recruit participants, hold workshops, etc.)
- Timeline – Assign benchmark dates (months) when principal activities will be completed.
- Results – List the projected results of your program. These can include changes in skill levels, knowledge, attitude, behavior, life condition, status, or numbers served that result from your program. They should be: quantifiable and your method for collecting the information noted (e.g., surveys, testing, etc.)

Sustainability: What steps has your agency taken, if applicable, to plan for the continuation of this program after the initial grant period?

Most recent 990: Please attach your organization’s most recent 990 filing. Please attach a list of Board Members if not listed on 990.

***Please attach additional pages for the Workplan.**