

TOWN OF BRUNSWICK

Social Services Fund

2025 Grant Application

The Town of Brunswick's Social Services Fund was established to support non-governmental charitable organizations that provide basic needs services to Brunswick residents. To be considered, applications must align with the guidelines set forth by the Town's Social Services Funding Policy. The Committee will consider the applicant's ability to meet these needs, the extent of the impact on Brunswick residents, and the organization's eligibility as per the policy.

Organization Overview 2025

Organization Name and EIN

Please enter the exact legal name of the organization. If your organization does business under a different name, please enter that in the DBA or "doing business as" field.

An EIN (Employer Identification Number) is a nine-digit number (00-0000000) issued by the IRS. If your organization does not have an EIN you may enter N/A in this field.

Organization Legal Name	
DBA (doing business as, if applicable)	
EIN (Employer Identification Number)	

Organization Mailing Address

Please enter your organization's primary mailing address. Grant decision correspondence will be sent to this address.

Street	
City	
State	
Zip code	
County	
Phone	
Website	

Grant Proposal Contact

Please provide the contact information for the individual who will serve as the primary point of contact for this proposal. This person should be available to respond to questions from the review committee between Wednesday, September 3, 2025, and Tuesday, September 16, 2025.

First Name	
Last Name	
Title	
Phone	
Email	

Organization(s) Mission

Briefly describe the organization's mission or purpose and the primary population(s) served. (Limit: 100 words)

Programs and Services

Briefly describe one or two of your organization's most important programs. (Limit: 100 words)	
Number of Staff	
Number of Volunteers	
Year Founded	

Did you receive funding from this committee (Social Services Funding) in the previous year?
If yes, please provide a brief summary of the project's implementation and outcomes. (Maximum 150 words)

Social Services Funding 2025**Project Name**

Please note: this funding is intended to support specific projects and is not available for general operating expenses.

Goal and Impact:

Describe your goal and the positive impact your project will have to meet the **Basic Needs** of residents of Brunswick. Explain how your organization(s) will use grant funding and its alignment with the social services funding policy, (Maximum 300 words)

Basic Needs: food, shelter, clothing, transportation, health, and safety related needs.

Activities:

List up to five specific activities you (and any collaborating organizations, if applicable) will undertake to achieve the goals described above within 12 months of receiving funding. (Maximum 150 words)

People Served:

Describe the people who will most benefit from your project funding. Include an estimate of the number of people that will be served with this project. (Maximum 150 words)

Collaboration:

If you are submitting a collaborative grant proposal, please describe the partner organizations involved and explain how each will contribute to and collaborate on the project. (Maximum 300 words)

Project Budget Information 2025

This information helps us understand the size and scope of your organization.

Amount Requested from the Town of Brunswick (maximum of \$5,000 for a single organization; up to \$10,000 for collaborative projects involving two or more organizations).

Please note: The Town reserves the right to award partial funding for any grant application.

\$**Detailed Project Budget:**

Please provide a budget that outlines how the requested funds will be spent. Include categories such as personnel, materials, equipment, administrative costs, and any other relevant expenses. (Maximum 300 words)

Matching Funds or In-Kind Contributions:

Are there any matching funds, in-kind donations, or additional funding sources supporting this project? If so, please list them and their estimated value. (Maximum 150 words)

Budget Narrative:

Briefly explain why the listed expenses are necessary and how they directly support the project's goals. (Maximum 300 words)

Total Project Cost:

What is the total cost of the project (including all funding sources)?

\$

Long-Term Funding:

Do you anticipate needing continued funding after this 12-month grant period? If so, what is your plan for sustainability? (Maximum 150 words)

Attachments 2025

Required for all applicants:

- Proof of IRS Tax-Exempt Status
- List of Board Members and Officers
- Most recent Financial Statement(audited if available)
- Approved Annual Budget
- Certificate of Insurance (general liability minimum of \$1,000,000)

Application Deadline:

Sunday, August 31, 2025, at 5:00 PM. No applications will be accepted after the deadline.

The Social Services Committee will review applications in September 2025. You will be notified by mail and email once your application's funding decision has been determined in October 2025.

Terms and Conditions:

By checking the boxes below, the applicant hereby indicates agreement with the following terms and conditions:

- The information contained in this proposal and in any attachments is true and correct to the best of your knowledge.
- Any funds received as a result of this proposal will be used only for the purpose specified in the award letter. No part of any grant will be used for a political campaign or to support attempts to influence legislation of any government body other than through making available the results of non-partisan analysis, study, and research. No portion of the award will be granted to any secondary grantee through a competitive process.
- Any funds received as a result of this proposal will be returned if the grant recipient loses its exemption from the federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- Grant funds should be expended within 12 months after payment is issued. If you need to request an extension or need to discuss changing the purpose for which you received your grant, please contact the committee chair at SSFund@BrunswickME.org.
- Town of Brunswick Non-Discrimination Policy. The town of Brunswick seeks to promote respect for all people. In its competitive grant programs, the town will support organizations that do not intend to deny services, employment, or volunteer involvement on the basis of race or ethnicity, age, ancestry or national origin, sexual orientation, gender identity or gender expression, physical or mental disability, or religion. It is not the intent of this policy to deny support for programs that serve specifically defined populations. By signing this form, the applicant organization confirms that it is in compliance with this policy

Digital Signature:

By typing my name in the following space, I certify that I am an authorized representative of the organization named in the application. I further certify that this application is submitted with full knowledge and consent of the organization's Board of Directors or other governing body.

Name:	
Date:	

Grant Acknowledgment:

If your organization receives a grant from the Social Services Fund, please acknowledge receipt of the check by email to SSFund@BrunswickME.org. When the project is completed, but no later than April 1, 2026, grantees are required to submit a brief status report, including how the grant was spent, and approximately how many people participated or were impacted.