

Washington County TIF District Application for Funding

Sunrise County Economic Council • 7 Ames Way • Machias, ME 04654 • 207-255-0983

Please indicate which program you are applying for funding from:

- Nature-Based Tourism Grant County Grant-Matching Program
- Economic Development Planning Funds
-

Name of applying individual, business, or organization: _____

Please check which type of organization is applying for funds:

- Private enterprise 501(c)(3) nonprofit organization
- Community organization. Fiscal sponsor: _____
- Government entity. Please specify: _____

This project is being pursued by:

- One business or organization A collaboration between: _____
- _____

One-line description of your project:

Dollar amount requested: _____ Total project budget: _____

Unorganized Territory(ies) in which project will occur: _____

Have you applied for applicable licenses and permits for your project (LURC, DEP, DHHS, etc.)? Please list: _____

Application directions:

- Fill out the application form completely, including this page.
- Do not send any materials under separate cover.
- Mail one copy of your application and narrative materials on plain 8 ½ x 11 white paper, without bindings or staples, to SCEC at the address above. We are not accepting electronic applications at this time.
- Narrative sections typed separately should be in a non-script, non-italic type of no smaller than 11 point.
- Registered nonprofit organizations should include a copy of their IRS determination letter.
- Organizations needing a fiscal sponsor to handle funds should include a letter from that sponsor documenting its identity and agreeing to accept Washington County TIF funds for the project.
- Please see the checklist at the end of this application to be sure you have included all required information and attachments.
- All applications should include a cover letter signed by the leader of the business or organization.

Washington County TIF District Application for Funding

Please fill out all sections completely as instructed. If a section does not apply to the type of funding for which you are applying, that will be noted below.

I. Applicant Information

Legal name of organization: _____

Mailing address: _____

Physical address: _____

Telephone: _____

Email: _____

Website: _____

Number of years business/agency in existence: _____

Number of paid staff: _____ Number of volunteers: _____

Federal Tax I.D. or EIN: _____

President or Executive Director: _____

Board president (if applicable): _____

Telephone: _____ Email: _____

Amount requested from Washington County TIF Funds for this project: _____

Total project budget: _____

A 200-word (maximum) description of your project (you may add a one-page typed description of your project to this application if you wish):

II. Jobs and geographic region

For the purposes of the grant decision process, projects that will directly create or retain jobs will score 1 point per job. Jobs are measured as full-time equivalent (FTE) based on 2080 hours per year. (Example: a job that creates two full-time jobs for six months equals one FTE.) For more information on scoring of this application, please see the Base Conditions Scoring System in Appendix A.

Number of jobs to be created or retained through this project: _____

Types of jobs and number of each:

Job title: _____ No. of jobs: _____ Length of job: _____

Job title: _____ No. of jobs: _____ Length of job: _____

Job title: _____ No. of jobs: _____ Length of job: _____

Job title: _____ No. of jobs: _____ Length of job: _____

Job title: _____ No. of jobs: _____ Length of job: _____

Please include any other information you may have about job creation during your project and your projections for the future:

III. Financial Information

Fiscal year start and end dates: From _____ to _____

Revenues and Expenses for Enterprises Currently in Business

Revenue

Income from sale of goods & services	\$
Grants and donations:	
Individuals & businesses	\$
Foundations	\$
Government funding	\$
Personal funds	\$
Interest income	\$
Other (please list):	\$
TOTAL REVENUE	\$

Expenses

Administration	\$
Labor	\$
Supplies	\$
Equipment	\$
Fundraising costs	\$
Other (please specify):	\$
TOTAL EXPENSES	\$

NET (REVENUE – EXPENSES) **\$**

(continued on next page)

If any shortfalls occurred, please explain how they were financed:

Assets and Liabilities for Last Fiscal Year From: _____ to: _____

Assets		Liabilities	
Cash	\$	Accounts payable	\$
Property & equipment	\$	Long-term liabilities	\$
Accounts receivable	\$		
Investments	\$		
Other (please list):	\$		
Total assets:	\$	Total liabilities:	\$

Restricted Assets or Revenue (explain):

IV. Project budget

Please attach a budget for your proposed or ongoing project, including startup costs, operating costs, estimated payroll, equipment and supplies, and so on.

Also include anticipated sources of revenue for the project, including donations, earned income, and fees for services.

For the County Grant-Matching Program, please demonstrate and document at least 50 percent of the total project secured as cash contribution. (For more information, please see Appendix A.)

V. Sustainability plan

What are your plans to ensure continuation of this project or business and to secure funding in the future? Please list at least three strategies.

VI. Project narrative

You may use the spaces below each major section, or you may include a separate page. Please do not exceed one typed page (minimum 11-point type) for each section.

History of your company or organization (founding date, mission, area and number served, top products or services):

Overview of the project for which you seek funding (1. overall goal; 2. how this project will strengthen your organization; 3. up to three measurable outcomes that will help achieve your goal; 4. specific activities to complete the project):

Who will be served by this project?

Township/region: _____

Age range of those served: _____

Approximate number: _____

Plan for evaluating the success of this project:

VII. Signature

Must be original, not photocopied.

Signature of president, chief executive officer, or board president (nonprofits)

Date

Print name

Title

Fiscal sponsor (if applicable):

Signature of officer of fiscal sponsor organization

Date

Print name

Title

Application checklist

Please be sure you have included or completed the following items before submitting your application:

- Complete contact information
- For nonprofits, a copy of your IRS determination letter
- All sections completed on this form or, if typed on separate sheet, so noted in the correct areas on the form ("Please see attachment A," etc.) and appropriately titled on the separate sheet
- A project budget as noted in section IV
- A cover letter from the leader of your organization
- If you have a fiscal sponsor, a letter from that sponsor as indicated under "Directions" on the first page of this application.
- Any brochures or other promotional material you would like to include (optional)
- Up to three letters of support (optional)