

Shelburne Falls Area Business Association

**Bridge of Flowers 10K Race
GRANT PROGRAM APPLICATION
2009**

Application Processing Information (to be completed by the BOF Grant Team):

Application #: _____

Date Rcvd: _____

Scores: _____

Decision: _____

I. CRITERIA

The Bridge of Flowers 10K Race Grant Program was developed to “give back” any excess funds generated by the race to our community by supporting programs which seek to develop our next generation of athletes as well as strengthen our community in other ways. The grant amounts range from \$250 - \$1000.

Applications are invited from Franklin County community members and groups who are dedicated to these principles, and who will be completing their projects prior to 7/11/2010.

II. TIME LINE

Applications from potential grant recipients must be post marked by October 11, 2009 and sent to SFABA, PO Box 42, Shelburne Falls, MA 01370. Decisions will be made by the Grant Committee by October 16, 2009. Notifications, press releases and checks will be sent out by the Grant Committee by October 21, 2009.

III. GENERAL INFORMATION

BOF Funds Requested \$ _____

Round to nearest dollar

Total Project \$ _____

Round to nearest dollar

Name of Project (in five words or less) _____

Have you previously submitted an application to the BOF Grants Program in the past?

No Yes If yes, Grant Year _____ If yes, describe: _____

IV. CONTACT INFORMATION

Applicant Org.:	Grant Contact:
Mailing Address:	Zip:
Phone:	Email:

Project Manager for the Grant:	
Project Manager Address:	Zip:
Phone:	Email:

V. PROJECT INFORMATION

Community Members Served: Check all that apply:

- Preschoolers
- School aged children
- Adults
- Elderly
- Disabled/Handicapped
- Disadvantaged (Low income, victims of abuse, immigrants, etc.)
- Visitors to the area
- Other: _____

V. PROJECT INFORMATION, continued

Areas Served: Check one box only:

- Franklin County wide
- One Franklin County Town: _____
- Several Franklin County Towns: _____
- Other: _____

Type of Service or Contribution: Check all that apply:

- Athletics
- Environmental
- Arts/Performance Arts
- Health/Mental Health/Nutrition
- Education/Community Awareness
- Economic Development
- Financial assistance
- Other: _____

VI. NARRATIVE - On a separate sheet of paper, please answer the following questions:

- A. What community NEED does your project addresses, and how will this project provide a SOLUTION to that need? (1 paragraph)
- B. What are the overall goals and the incremental milestones of the project and what is your planned time line to achieve each of the milestones? (1 paragraph/bullets)
- C. Who will be primarily responsible for carrying out the goals of the project, and what are his/her/their qualifications? (1 paragraph. You may attach further information on previous projects and qualifications in addition to this paragraph.)

VII. PROJECT BUDGET

Please attach a project budget. List all of the expected income and expenses of the project.

VIII. APPLICANT SIGNATURES

We, the undersigned, attest that to the best of our knowledge the information contained in this application is true, and that **the project will be completed prior to 7/11/2010.** Should this application be awarded a grant, we understand that we will be required to send the Bridge of Flowers 10K Race a 1-page written summary of how the project went upon the completion of the project and that this summary may be used by the Race for promotional and fund raising purposes. We further understand that, should this application be awarded a grant, we may be required to provide proper accounting of project expenses.

Application Contact

Date

Project Manager of Grant

Date

<p>ATTACHMENT CHECKLIST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Narrative (Required) <input type="checkbox"/> Project Budget (Required) <input type="checkbox"/> Photos or media coverage of previous projects managed by this group/individual <input type="checkbox"/> Resume or list of accomplishments of the person(s) primarily responsible for this project

SEND YOUR APPLICATION BY Oct 11, 2009 TO: SFABA, PO Box 42, Shelburne Falls, MA 01370

For further information, please contact Mike McCusker, Race Director, at bridgeofflowers10k@gmail.com